

range for the six months of the winter season is but a fraction over 5°.

Now with regard to "home comforts." Very much more than is just is usually made of this plea. Most of the visitors to the Riviera live in hotels and *pensions*; some of these are extensive and thoroughly well appointed, with excellent food and plenty of prompt attendance; in fact, there is too much food, and some of this too rich, people being often tempted to indulge somewhat to excess. Those persons living in villas usually bring with them one or more English servants.

I consider Dr. Burney Yeo has done good service by his note. There seems to have been for a long time past a determination to run down even the best of foreign health resorts. In making this remark I do not refer in any way to the letter of Dr. Leonard Williams.—I am, etc.,  
ARTHUR HILL HASSALL, M.D.Lond.  
San Remo, January 12th.

#### THE "PORRO-CÆSAREAN" OPERATION.

SIR,—Will you permit me once more to protest against the mis-use of facts made by Dr. Harris in his paper with the above-rendered title?

The great leading principle of all such operations is to relieve a parturient woman from a child which cannot pass by the natural passages. The main details of the old operation (Cæsarean) as compared with that introduced by Dr. Porro is that in the former the body of the uterus is opened, emptied, and left; whilst Dr. Porro opened the uterus, emptied, and removed it. How any proceeding comes to be called a "Porro-Cæsarean" operation is to me inexplicable. Dr. Harris says I claim to have done three such. I claim nothing of the kind.

What I do claim is this: I have three times performed the old Cæsarean section, and all the patients have died. I have seven times amputated the pregnant uterus, and six of the patients are living. The introduction of the detail of removing the body of the uterus is, therefore, in my mind, one of cardinal importance, and that condition is not impressed upon me merely by the recoveries but by the easy nature of the operation and the easy process of recovery. Dr. Harris writes further to introduce a "library paper" kind of classification of the operation against which, as a practical surgeon, I protest; and for this purpose he huddles together all sorts of cases indiscriminately in what may be called the "lucky bag" method of statistics—gather all the rubbish of the bazaar together, dip in your hand and pick out what kind of result you can get. Such a method is pure nonsense. Take three cases of amputation of the pregnant uterus, two of which are gathered from my own experience and the third from an instance in the experience of a friend. The first woman was at the full time, with advanced malignant disease of the cervix and vagina. I watched till labour set in and amputated the uterus. The child lived. The mother died on the sixth day from sloughing of the malignant masses. I am obliged to reckon this as my one fatality. The second case was known to have a pelvic deformity through which a living child could not pass. Dr. Hoare placed her under my care towards the end of the ninth month. Within an hour of the commencement of labour I amputated the uterus, and both the mother and the child are now living. A friend of mine amputated the uterus after ineffectual efforts had been made to deliver the woman, these efforts including nearly every form of obstetrical ingenuity and lasting nearly thirty hours. The child, of course, had been eviscerated and the maternal parts fearfully bruised. The mother died about five days after, not from the operation, but from sloughing of the passages due to the efforts of the misguided obstetricians. This case ought not to reckon as a death from amputation of the pregnant uterus, yet it is in Dr. Harris's table.

I ask any of your common-sense readers if any just conclusions can be made concerning the details of an operation from a higgledy-piggledy collection of cases such as given by Dr. Harris, in which elements of qualification such as these exist. I think not.

This operation, above all others in abdominal surgery, will be that of emergency, will have to be done by men unaccustomed to the general run of special work. The principles upon which it is founded must, therefore, be unhampered by literary confusion, and its details must be laid down on the broadest of possible lines by men of practical experience. Fanciful incisions and complicated sutures will frighten and confuse the men who will have it to do, and who ought to do it, and I protest in the name of humanity against such misleading representations as are constantly falling from the pen of Dr. Harris on this subject.

I have already indicated my belief, and my growing experience confirms it, that in such a case the true method of statistical investigation is to display for each case the period at which amputation of the uterus is performed after the commencement of labour. If it be performed within a reasonable number of hours and before the patient has been unfairly handled, the mortality will be a mere bagatelle, and clearly, therefore, this class of case must not be confused and mixed up with the cases in which all sorts of ineffectual efforts have been previously made, to the exhaustion of the patient and the irretrievable damage to the tissues concerned. In such cases the mortality is fearful, and the only one just conclusion is that we must draw a limit to the efforts to be made which are short of amputation of the pregnant uterus, and that, I believe, can only be done by drawing it at the line of the destruction of the child, for two lives have to be considered and not only one.—I am, etc.,  
LAWSON TAIT.

#### THE INFLUENZA EPIDEMIC.

SIR,—In connection with the important question of the susceptibility of particular constitutions to certain diseases, it has occurred to me that some data might be furnished by collecting statistics of the persons suffering from the prevalent complaint, and noting whether such persons are what would be considered as "fair" or "dark." It is needless to point out that such data could only be furnished with any degree of accuracy by medical men who know exactly whether a patient is suffering from the true influenza or not. Also it is evident that the observations, to be of any use, should be conducted on as large a scale as possible, and it is for this reason that I have ventured to appeal through your columns for assistance. The medical officers attending at hospitals must have ample opportunities of collecting information. As there may be differences of opinion as to the correct definition of a fair or dark complexion, all that would be necessary would be to supply particulars on the following points: (1) sex; (2) age; (3) colour of hair; (4) colour of eyes; (5) colour of skin, whether considered fair or dark. If any medical men who have the opportunity of studying the malady from this point of view will make notes and forward them to me, I shall be happy to collate the results, and to make them known if they lead to any definite conclusion.—I am, etc.,

RAPHAEL MELDOLA, F.R.S.

Brunswick Square, W.C., January 10th.

#### CLINICAL TEACHING IN DUBLIN.

SIR,—I was amazed to see the letter from "Irish Surgeon" in the *JOURNAL* of January 11th. He states: "I shall scarcely be believed by English medical men when I say that in no Dublin hospital, so far as I know, are there any notes of cases preserved, nor are there any pathological nor *post-mortem* records. A history sheet hanging over a patient's bed in Dublin is unknown; such a thing does not exist," etc.

I am glad to say that statement is altogether untrue. In the hospital I was in (the Richmond), systematic notes of every case admitted were taken by the resident students on printed forms, and hung up on cards at the foot of each patient's bed. A similar system was, and I am sure still is, in force at at least five of the other Dublin hospitals—namely, Sir P. Dun's, the Mater, Meath, Rotunda, and Coombe.—I am, etc.,

Ambleside.

G. AINSLIE JOHNSTON.

SIR,—The letter in the *JOURNAL* for January 11th signed "Irish Surgeon" is very misleading, and it would have been as well if the writer of it had ascertained the true state of affairs before "fouling his own nest" in the way he has done. In one, at any rate, of the Dublin hospitals regular notes of cases are taken by the students. At Sir P. Dun's Hospital I remember distinctly, as a student five years ago, that anyone who chose to take charge of cases and make notes on them (and many availed themselves of the opportunity) were given so many beds per month, during which time they made full notes, under the guidance of the physician or surgeon on duty, of each case in these beds. There was a "history sheet" hung up over each bed, on which every particular of the case—history, symptoms, physical signs, treatment, diet, etc.—was entered. This sheet contained a temperature chart and also a diagram for clinical use, upon which all tremors, dulnesses, etc., were filled in by the student.

In the event of death taking place when in hospital, the result of the *post-mortem* examination was noted at the end of the sheet,