

with lime water—a tablespoonful of the latter to half a teacupful of the former, or chicken (or mutton) broth, or beef tea, thickened with arrowroot, sago, tapioca, or cornflour. This combination—the fluid meat essence with the soft starchy food—is often invaluable, being binding, soothing, and nourishing. Change of air, in case of great prostration, is very desirable.

It would be interesting to investigate the possibility of an atmospheric wave and the direction of it. The disorder was believed by some to be infectious.—I am, etc.,

Brondesbury, N. W.

CHAS. R. FRANCIS, M.B.

CASE OF SWALLOWING ARTIFICIAL TEETH, WITH RAPID EXPULSION BY THE RECTUM.

SIR,—Under this head in the JOURNAL of March 12th, I observe the report of a case in which only seventeen hours elapsed between the entrance and exit of the foreign body. Both patient and practitioner are to be congratulated on the happy and speedy termination to the case, but I think the wisdom of the treatment is open to question.

“A laxative diet was ordered.” I think most authorities are agreed that a constipating diet is more to be desired. In Holmes’s *System of Surgery* (five vols., 1870), vol. ii, p. 701, we read: “It were better to encourage costiveness than establish relaxation of the bowels;” and in Erichsen’s *Surgery* (two vols., 1878), vol. i, p. 491, “an abundance of pultaceous food” is recommended. Buns, gingerbread, sponge-cakes, cheese, hard-boiled eggs, etc., have been advised by various authors, with the view of causing a bulky residue of food, in which the foreign body may be encased. This mass, by distending the wall of the gut to a great extent, effaces the folds of mucous membrane, and facilitates the passage of the foreign body, at the same time tending to prevent injury to the sensitive surface from sharp angular edges.

Dr. Dickson (Edinburgh) advocates cut-up thread, worsted or tow being incorporated with the food. In a communication read before the Medico-Chirurgical Society of Edinburgh in February, 1876, he records a case in which worsted cut into finger-lengths, and mixed with thick oatmeal-porridge, was taken by the patient with a very satisfactory result. This novel method of treatment was suggested from having seen the bones of mice neatly wrapped in the fur cast up by hawks. The subject has often been before us as dental surgeons at the Odontological Society of Great Britain, and the unanimous verdict is in favour of a constipating diet, but I think this method of treatment is not so well known to medical practitioners as it should be.—I am, etc.,

JOHN ACKERY,

Assistant Dental Surgeon to St. Bartholomew’s Hospital.

24, Queen Anne Street, W., March 14th, 1887.

VENTROTOMY.

SIR,—There is no doubt that a single word is wanted to denote the operation of opening the abdominal cavity, but surely the hybrid term “ventrotomy,” suggested by Mr. H. A. Reeves in the JOURNAL of March 12th, is an unnecessary barbarism. May I suggest the use of “celiotomy,” from *κοιλία*, the abdomen, and *τέμνειν*, to cut. The former word is already familiar to us in the name of the widely distributed abdominal artery, the celiac axis.—I am, etc.,

36, Harley Street, W., March 14th.

N. DAVIES-COLLEY.

SIR,—Mr. Reeves may be correct in suggesting “ventrotomy” for abdominal section. Gastrotomy would be a better name, since it is not a hybrid word, but, unfortunately, as Mr. Reeves says, it has been appropriated to a different operation. I am not concerned much to defend my suggestion of “malakotomy,” though I think it better than “laparotomy.” The great thing is to use words always in the same sense, and the second thing is to save time and circumlocution. Mr. Reeves’s suggestions seem admirably adapted to this end, and I hope they will be carried out and extended. Medical naming is, however, in a state at present that may fairly be called pitiable, although suggestions for its improvement, or, rather, resolution, demand the space of a treatise rather than of a letter. What mainly induced me to address you is Mr. Reeves’s last sentence, in which he says the word generally written “colotomy” should be “colostomy.” I should like to know why he thinks so. *Κόλον*, or, more properly, *κόλον*, and *τέμνω* being the roots, whence comes the *s*? If he implies by the term the making of a new exit (*στόμα*), why not write the word “colostoma,” and still retain “colotomy” for its proper meaning of simple incision of the colon?—I am, etc.,

Bradford.

A. RAAGLIATI.

MEDICO-LEGAL AND MEDICO-ETHICAL.

SPURGIN v. NICHOLSON.

LAST year (in the JOURNAL, October 18th, p. 748) we noticed the judgment given by his Honour Judge Ingham at the Cockermount County Court in this case. The action was brought to recover fees for medical attendance on the defendant (who is a solicitor) for a sprained ankle, and the defence was that the treatment had been unskillful as to disentitle the plaintiff to recover, inasmuch as Mr. Nicholson’s injury was a dislocation and not a sprain. This rested on the evidence of Mr. Nicholson himself, who described his sensations while under treatment, and of that of a bonesetter, who swore to dislocation of the fibula of a sort which persons skilled in anatomy know to be impossible. A County Court Judge is not supposed to be learned in anything except law—not always in that—and Judge Ingham, instead of seeing the incredibility of the bonesetter’s story, believed and acted on it. Mr. Spurgin lost his case, and was, of course, branded with the stigma of professional incompetence. Fortunately for him, the case excited considerable attention at the time, and many men of high standing in the medical profession came forward to testify that the injury as described by the bonesetter was such as could not have existed. Armed with affidavits from them, and with the aid of a competent advocate, Mr. Spurgin managed to persuade Judge Ingham that the case was so far doubtful that it should be tried again, and a new trial—before a jury this time—was consequently ordered. The sequel is instructive. The judge was with difficulty brought to acknowledge that his original judgment was questionable. But Mr. Nicholson, who, we suppose, understands law if he mistakes medical symptoms, saw that evidence such as was contained in the affidavits given to Mr. Spurgin was too strong for him and his bonesetter, and paid the money instead of trying the case again. As this was done privately, many persons who saw the original slur on Mr. Spurgin’s skill may not have been made aware that it had been wiped out, and we think it well to call attention to the fact that the defence based on his alleged unskillfulness has utterly broken down. His reputation is satisfactorily cleared, but the injury done by the original wrong decision is but partly remedied. The costs in the first instance were, of course, ordered to be paid by Mr. Spurgin, who lost the case. These he does not now get repaid. The costs of preparing the case, of applying for and getting a new trial, were necessarily heavy, and though Mr. Spurgin succeeded, the judge would not give him any costs. The result is that Mr. Spurgin has been put to very considerable expense in enforcing what is now admitted to be a just claim, and in protecting his reputation, which now turns out to have been most unfairly attacked. If he had been a poor man without friends he might have been unable to procure the means for applying for a new trial, and might have been ruined professionally and financially by the judgment, which results show to have been wrong; as it is, he has been mulcted in a considerable sum through no fault of his own. We are glad to know that a subscription has been started by his friends and professional brethren, and hope it may be sufficient to bear him harmless. His case, however, is not an isolated one. He may have been—we think he was—hardly dealt with in the matter of costs; but we cannot say that in this respect the judge was actually wrong. In most cases tried in our courts the successful litigant has to pay some costs which he does not recover from his adversary. Any man may find himself involved in a lawsuit, either as plaintiff or defendant, and may have to pay heavily to vindicate his rights. The general public may sometimes avoid the risk of costs by paying hush money instead of fighting. Professional men often are practically obliged to fight for the sake of their character, as Mr. Spurgin was. They must risk having to pay costs, as he did. His is another instance added to those which of late have been numerous enough to show the importance of mutual aid being given to each other by members of the medical profession. Singly, they run great risk of losing even the best claims; united, the case is otherwise.

UNPROFESSIONAL CIRCULARS.

DR. B., of P. M., writes: What I did was, in my opinion and that of others whom I consulted, quite in accordance with professional etiquette. I wished to keep up my practice at P. M. while I formed a nucleus at —, so engaged an experienced unqualified assistant to live there, and take midwiferies, etc., in my absence. He had no sooner come than a false report was spread among my patients that I was going to leave them altogether, and hand them over to an assistant. As this report was causing great offence to my patients, I was driven in self-defence to write to my own patients, and state what I was in reality doing; and to save trouble I had my letter printed. Not one was sent to a person who was not my own private patient. Is it contrary to medical etiquette to act thus with one’s own patients, providing none are sent to the