would have much to do with the appearance of headache, nausea, and vomiting.

The Matterhorn hut is about 10,000 ft. high, so that he would probably have been climbing at 12,500 ft. and 13,500 ft. between 2 a.m. and 5 a.m., which is a notoriously "delicate" time even for a stomach thoroughly experienced in early starts. Injudicious feeding or a bad night are often just enough to create a predisposing cause, and would easily account for his symptoms at such a time. The voiding of highly-coloured urine is not uncommon on the mountains at any time, and especially after "perspiring freely."

The temperature, unless taken in the rectum, is of no value; and Mr. Ryan does not state in which position his was recorded.

The frequent halts above 14,000 ft. may be accounted for by the nature of the mountain at this height, being at times sufficiently difficult to necessitate one climber only moving at a time; and a pulse of 200 with respiration of 56 would not be excessive in some persons under the existing conditions. I presume he has excluded any possibility of any organic disease in his own case which might render him unfit for excessive muscular effort.

Mr. Ryan says that he "did not experience any sense of muscular fatigue." Does he, in this statement, refer to aching of the limbs? Otherwise, with this exception, his symptoms chiefly resemble those of an individual untrained for or unequal to the prolonged muscular exertion of ordinary climbing.—I am, etc.,

MALCOLM L. HEPBURN, M.D., F.R.C.S.

Tunbridge Wells, Aug. 16th.

A NEW LIGATURE.

SIR,—In the many communications that have recently appeared in the BRITISH MEDICAL JOURNAL on the subject of ligatures and sutures I have not noticed any reference to iodized catgut. This, I believe, was first suggested by Claudius, and on account of its ease in preparation and general efficiency seems to be worthy of trial. It is prepared by simply soaking the dry catgut, as it comes from the makers, in water containing in solution 1 per cent. of iodine and 1 per cent. of potassium iodide. As I have been using it almost exclusively for the last two months, a few remarks may be the means of drawing attention to it and also eliciting the opinions of others.

After soaking in the solution for eight days the ligature is of a black colour and very tough, almost as strong as silk, and is quite sterile. Before use it must be rinsed in boiled water. It knots firmly; it is more slowly absorbed than similar material sterilized by heat; No. 2 thickness, when used to suture skin, holds for about ten days. I have used it for all ordinary purposes, and also for ligature of the femoral artery, for the pedicles of three ovarian cystomata, and the deep stitches in abdominal sections and herniotomies. I have not seen any suppuration or irritation about the stitches. It appears to contain sufficient antiseptic to inhibit the growth of pus cocci. I am not quite sure that the catgut does not tend to deteriorate by keeping, some specimens rot, and so am now storing it in alcohol after it has been eight days in the iodine water.—I am, etc.,

Lancaster, July 12th. A. S. BARLING.

IS HYSTERECTOMY GENERAL SURGERY?

SIR,—It is difficult to understand exactly what your correspondent in the BRITISH MEDICAL JOURNAL of July 25th, under the title "Is Hysterectomy General Surgery?" means.

If he considers the pelvis ought to be a special preserve for obstetric physicians practising so important a department of surgery as gynaecology is at the present day, then his ideas are already much behind the time. It is simply because gynaecology is surgery that surgeons such as Mayo Robson, Bland-Sutton, and many others in Great Britain, America, and on the Continent practise it.

It is fruitless to try to stem the flowing tide, and the rank-and-file of the profession and the public will not consider the question or supposed rights of a narrow specialism but select the best trained and most expert operator, whoever he may be, to do the work.

To try to draw a line in practice between the pelvis and abdomen is unscientific. The abdominal cavity includes the pelvis. The operator who opens the abdomen must be prepared, in the interest of his patient, to do what is necessary anywhere within the cavity. To prove the absurdity of attempting to separate the pelvis from the rest of the abdominal cavity is simple and easy, and I crave your indulgence to cite two cases from actual practice. An obstetric physician proceeds to remove a very large abdominal tumour occupying the whole cavity, pelvis included, and believed to be ovarian in origin. He finds it to be a huge cystic kidney. Is it not his duty to remove it? Yet another case. What your correspondent would call, I suppose, a general surgeon is called upon to operate for appendicitis. He finds a large appendix hanging over the pelvic brim closely adherent to a cystic ovary about the size of a fetal head. Is he to be content with the removal of the appendix and leave the unfortunate woman to be operated upon by an obstetric physician some years after?

The moral of these two cases is obvious. Surgery advances with rapid strides, and will continue to advance, in spite of all efforts to maintain a narrow specialism.—I am, etc.

July 26th. OBSTETRICUS.

THE RECOGNITION OF A RESPIRATORY AND CARDIAC REFLEX INDUCED BY PERIPHERAL IMPRESSIONS ON THE PUDIC NERVE.

SIR,—On reading the above section of Sir Wm. Macewen's Address on Surgery, published in the BRITISH MEDICAL JOURNAL for July 30th, it recalled to my mind an incident which showed that it had been recognized at Guy's Hospital that certain peripheral impressions on the pudic nerve had its uses in practice. The late Mr. Arthur Durham, for whom I acted as one of his surgical ward clerks, was going to remove a man's tongue for carcinoma. During the administration of $CHCl_3$ the patient's condition became alarming. One of the means adopted to restore respiratory and cardiac actions was to apply sponges wrung out of boiling water to the anus and perineum.

The patient recovered: a preliminary tracheotomy was performed, and the rest of the operation postponed.

If I remember rightly Mr. Tom Bird mentions, in his lectures on anaesthetics, the application of hot sponges in such cases. In my midwifery practice where forceps under $CHCl_3$ have to be resorted to frequently, I have found it difficult in a fair proportion of these cases to expedite delivery; because, when the patient seemed to be deeply under the anaesthetic, the mere stretching of the labia and vagina in order to introduce the blade of the forceps, was sufficient to cause a return to consciousness. Where I find one to drachms enough, these cases require an ounce or more. I have had a similar experience in gynaecological work, mostly in rectifying retroflexion of the uterus.—I am, etc.,

Preston, August 15th. J. DUNCAN HOWE.

THE PREVENTION OF HERNIA AS A SEQUEL TO ABDOMINAL SECTION.

SIR,—I sincerely welcome Dr. Hastings Tweedy's letter in the BRITISH MEDICAL JOURNAL for August 13th as a very important addition to the question I have ventured to raise, and I need scarcely say that my remarks on the futility of a flap composed only of skin and subcutaneous fat were not meant to apply to the method he advocates. I must confess that I had not previously read his valuable article in the *Empire Journal*, but was referring to another by an American surgeon. The idea of raising the abdominal aponeurosis as a whole is essentially in accord with the views I have attempted to defend in my address, and at first sight appear to go far towards solving the problem with which we are all confronted. But perhaps Dr. Hastings Tweedy will add to the obligation he has already conferred by drawing my attention to his method, by explaining a difficulty which seems to me to stand in the way of our complete acceptance of this plan.

The difficulty is this. Below the fold of Douglas, as we all know, the aponeurosis passes completely above the recti muscles, and can be lifted from them; above this point it splits to encase them. The level of this fold is just above the mid-line between the pubes and the umbilicus. This line, then, would represent the limit above which the aponeurosis could not be raised, whilst the opening produced by the separated recti muscles beneath could only extend from this point to the pubes. Now it often occurs that in opening the abdomen for the removal or some solid mass—as, for example, a large fibroid uterus—the original incision is found to be too short and enlargement upwards becomes imperative. We have all, I take it, had at times to go above the umbilicus for this purpose. For the safe enucleation of a double pyosalpinx more room for manipulation is often required that at first appeared necessary, or adhesions high up in the abdominal cavity may need to be loosened as a preliminary

to extraction of a new growth. In all such cases the limitation of the opening would be a great inconvenience, to put it in the mildest form. Dr. Hastings Tweedy would therefore greatly add to the usefulness of his suggestion if he would explain in what manner he would act under such circumstances, and it will be noted that the last two are often impossible to predict. Would he divide the recti in a line with his first incision? If so, I can see that perfect access for manipulation might be obtained, but such section, in consequence of the tension on the fibres of the recti, would probably only produce a horizontal hernia in place of a vertical one. If, on the other hand, he would then split the aponeurosis. Where would be the gain? The method would appear to be extremely useful for work which can be done through a comparatively small opening, for such work, however, as requires a large exposure I fear that we shall always have to fall back on the vertical incision with all the possible sequelae I have emphasized.—I am, etc.,

Manchester, Aug. 17th. EDWARD STANMORE BISHOP.

SIR THOMAS BROWNE: *AUDI ALTERAM PARTEM.*

SIR,—Though Sir Thomas Browne is a favourite author of mine, I deprecate the notion of erecting a memorial to him. To such a memorial medical men should be the last to subscribe. Browne was great merely as a writer of stately prose. His *Religio Medici*, *Vulgar Errors*, etc., are a sufficient monument to his literary fame. Science and humanity are the watchwords of our profession. The author of *Religio Medici* was neither scientific nor humane. His record is stained with innocent blood, the blood of poor and defenceless people shed with his connivance, almost, one might say, at his instigation. Two wretched country women were tried at the Bury Assizes in 1664 for witchcraft. The judge (Hale) who tried the case seems to have had some natural qualms of conscience, for we are told that he would not so much as sum up the evidence, but left it to the jury with his prayers. Whatever we may think of the cowardice and muddle-headedness of the lawyer, what can we say in defence of the expert physician whom he called in to help him? The case was garnished with the usual frenzied nonsense that characterized such proceedings, but, robbed of legal diction and vain repetition, the gravamen of the thirteen counts against the prisoners lay in the charge that certain children were afflicted with "fits" owing to the diabolic machinations of the accused.

Sir Thomas Browne, of Norwich, the famous physician of his time, was in court and was desired by my Lord the Chief Baron [Hale] to give his judgement in the case, and he declared that he was clearly of opinion that the fits were natural, but heightened by the devil, co-operating with the malice of the witches, at whose instance he did the villainies. And he added that in Denmark there had been lately a great discovery of witches, who used the very same way of afflicting persons by conveying pins into them. This declaration of Thomas Browne's could not but much influence the jury; and I count it turned back the scale that was otherwise inclining to the favour of the accused persons. . . . Country people are wonderfully bent to make the most of all stories of witchcraft; and having Sir Thomas Browne's declaration about Denmark for their encouragement, in half an hour they brought [the prisoners] in guilty upon all the thirteen several indictments.

The above is taken from the *Essay on Witchcraft*, by the Rev. Dr. Hutchinson, but the story so well-known and a sophistical defence of the conduct of the judge (afterwards Sir Matthew Hale and Lord Chief Justice of England) will be found in Matthew Arnold. The bench had its scruples, but no scruples appeared to have troubled the doctor, who was ready to sacrifice two helpless victims of popular prejudice, two women whom he should have looked upon as his patients, for the sake of quoting Olaus Magnus, and showing his familiarity with the goings-on of Danish witches. The blots upon Browne's literary style are perversity, pendantry, and a certain priggishness.

The further we go from him the less offensive these seem; they serve to give a pleasing smack of antiquity to the manner of an author who, after all, outlived Butler and Hobbes (both nobly distinguished from him by liberality and humanity in this matter of witchcraft), and whom Locke only survived twenty-two years. His evidence that he "believed the fits were natural but heightened by the devil" requires to be read charitably if we are not to add perjury to his other faults. No admirer of his literary power can defend his callous inhumanity in this case. It resembles nothing so much as the attitude of the imaginary "vivisector" whom the victims of the obsession of zoophilia are so fond of holding up to popular hatred. But the same defence cannot be entered for the Norwich physician as can be made for the supposed vivisector, or for the calumniators who have invented him, for Browne prided himself on being no fanatic nor enthusiast. If there was a fence to be had in the parish he sat upon it. Pity he could not come down on the humane side! He tells us that he ever endeavoured to nourish the merciful disposition and humane inclination he borrowed from his parents, and that he felt not in him what he charitably discourses of as the sordid and un-Christian desires of his profession.

I do not secretly implore and wish for plagues, rejoice at famines, revolve ephemerides and almanacks in expectation of malignant aspects, fatal conjunctions and eclipses. I rejoice not at unwholesome springs nor unseasonable winters;

and so forth.

Just as, in spite of his declarations of charity, he was no kindly man, so, notwithstanding his learned refutation of vulgar errors, notwithstanding protests of the supremacy of reason and truth, he was no scientific thinker, even as science was understood in his day. His phrase, "the fits were natural but heightened by the devil," is a fit reflection of his mind, in which sense and nonsense were so equally balanced that one never outweighed the other. In the seventh chapter of his *Pseudodoxia Epidemica* he discourses of the errors that have come in through authority:

Unto reasonable perpensions it hath no place in some sciences, small in others, and suffereth many restrictions, even where it is most admitted.

Nevertheless, in this, as in all his books, he seems to have deemed that he has proved any fancy he had a mind to when he has quoted some author or other in its favour. It is to be noted that he confounds testimony and authority in this chapter, and that he speaks only indirectly of medicine, presumably because he had not made up his mind whether authority weighs therein or not. It appears probable that Browne's unprincipled evidence in the Bury case may have had considerable force in upholding the arguments of the Mathers and the other authors of the fiendish proceedings in Salem some thirty years later, while the decline in witchcraft in England was due in part to the intelligence of Hale's successor, Holt, in part to the good nature of Charles II, who was not a malignant person when his own interests or pleasures were not interfered with, and so respited at least one wretched woman condemned to be hanged as a witch.

If we erect a memorial to Sir Thomas Browne, we ought certainly to erect another to the innocent poor women, Amy Demy and Rose Cullender, who owed their deaths to the credit given to his evidence, that is, to his reputation; or, if the money will not run as far as a separate memorial, perhaps the artist could introduce these interesting evidences of Sir Thomas's repute as supporters to the main figure in his monument.—I am, etc.,

Dublin, Aug. 21st. CONOLLY NORMAN.

TRAUMATISM AND HERNIA.

SIR,—The following case, which came under my notice a few weeks ago, illustrates the point that double rupture may be caused by a single strain, as pointed out by Dr. Asherton in reference to Mr. Sheen's communication:

The patient, a collier, was attempting to lift an empty coal tub which had got wedged fast with rock. He was in a half-sitting position, with the feet apart, and both hands under the corner of the tub lifting. Acute symptoms came on immediately, and the man had to cease work.

On examination the patient was found to have a small inguinal hernia on each side, the right being the larger. The man, who had been a collier many years, states he never had a rupture previous to the accident.—I am, etc.,

Leigh, Lancs, Aug. 16th. G. H. SHAW, M.B.

BARBERS' SHOPS.

SIR,—Would it not be well if there was a regular system of inspecting barbers' shops? My experience would be amusing if it were not that I am the victim. For ten years I have scarcely entered a hairdresser's shop, preferring to shave myself and submit my hair to the amateur ministrations of my wife. But on the 4th of this month I was dining out in the evening—was pressed for time—went to a barber's and was shaved. It was one of the leading shops in the suburb. On the 9th a pimple developed, and since then I have been at home with impetigo—had a *locum*—nearly poisoned myself with drastic mercury ointments—and generally feel a wreck.

Compulsory antiseptic precautions ought to be enforced in barbers' as well as in dairies.

That shave will cost me £50.—I am, etc.,

Balham, July 22nd. FRANK COLLIE.