

SIR,—Professor Wright's complaint is generally that I have taken his critical commentary too seriously.

In the first "absurd" objection to the 18th Hussars, I excluded them, like the returns from India, 1899, on account of the method of calculation. Professor Wright, in the *Practitioner* for March, points out this source of inaccuracy as affecting the bulk returns for 1899, and notes that the same remarks apply to the 15th Hussars. I have simply followed Professor Wright in this objection.—I am, etc.,

R. J. S. SIMPSON,
Lieutenant-Colonel, R.A.M.C.
London, Nov. 28th.

OPEN METHODS OF WOUND TREATMENT.

SIR,—I have read with interest your notice of the Open Methods of Wound Treatment in the Alps, and beg you will grant me a little space in order that justice may be done in reference to this matter. Neither the idea nor its applications are new.

It is now many years since I drew attention to this method, as the result of my observations of the wounded among the Zulus, during and after the war of 1879-80. I described the rapid and excellent results that were obtained by the exposure of undressed wounds to fresh air and sunshine. With a view of bringing about the same results in this country, I devised what is known as the oxygen treatment. It consists in the exposure of the wounded surfaces, in suitable apparatus, to a pure super-oxygenated atmosphere. This system I and others have practised for many years with complete success.

During the past eight years 580 cases of various kinds have undergone treatment in the Oxygen Hospital; of these, 419 have been cured, 113 have been greatly relieved, and we have failed in 48 cases. It must, however, be remembered that nearly all these cases had been treated in various ways without success, and had an average previous duration of seven years in each case.

Beyond the fresh air and sunshine in the natural state, and the artificially-prepared atmosphere we use, there are other important advantages in this system. In the first place, any form of dressing, no matter how light and how carefully applied, must irritate the tender and delicate surface of a granulating wound; and, secondly, it would seem bad practice to confine in contact with a wound the exhalations and discharges that proceed therefrom. These objections prevail wherever dressings are applied, but by the system I advocate these disadvantages are avoided.

Dr. Bernhard draws attention to the excellent cicatrices produced. In published papers I have given a picture of a microscopical section from an "oxygen cicatrix," showing that it is a true skin, except that it does not possess sweat glands or hairs.

There are very few finalities connected with surgery—healing by "first intention" is one of them, and we cannot hope or indeed wish to do better than this. Where it cannot be accomplished, and granulation takes place, the oxygen treatment presents obvious advantages, and I contend has and will produce better results than any system that has been devised.—I am, etc.,

Mayfair, W., Nov. 21st. GEORGE STOKER.

THE NEW SYDENHAM SOCIETY'S CLINICAL ATLAS.

SIR,—The Committee in charge of our *Atlas* is at present engaged, amongst other things, with Drug Eruptions. We are in want of portraits illustrating the rashes due to quinine and copaiba, and some other of the less common drug erythemata. If any of your readers possess such, and will communicate with either Dr. Colcott Fox or myself, it will confer a favour. Of the eruptions caused by iodides, bromides, and arsenic we have already more than can be made use of. Any portraits showing the results of insect irritation, fleas, bugs, mosquitos, etc., will also be very acceptable.

The letter of mine which you were kind enough to print six months ago asking for portraits in illustration of variola, varicella, etc., was very successful. It brought us some excellent photographs, etc. We were in this matter especially indebted to Dr. Goodall, of the Eastern Hospital, London, and Dr. Hanna, of Liverpool.

May I venture to suggest that in the next Annual Museum (at Leicester) special attention should be given to the subjects which I have named? A collection of drug eruption portraits, and another of insect eruptions, might, I think, prove very instructive, and might also help the labours of our Committee. In making the suggestion I have, as you will see, my

own axe to grind. I want to see the collections myself.—I am, etc.,

JON. HUTCHINSON,
Honorary Secretary, New Sydenham Society.
London, W., Nov. 25th.

CHARITY THAT BEGINS AT HOME.

SIR,—The timely letter of Mr. Christopher Heath in the *JOURNAL* of November 26th, p. 1493, leads me to add a few remarks which I hope may strengthen his appeal to the members of our profession, especially old subscribers to the Society for the Relief of Widows and Orphans of Medical Men.

Some fifty years have elapsed since I paid my first subscription to this excellent charity. Last year I had the satisfaction of helping to obtain aid for the widow and eight or nine children of a medical man who died after a long illness and left them without any provision, save the small sum which the sale of his practice in a poor neighbourhood and the little addition of a life insurance office. The whole proceeds were absorbed in paying his debts and funeral expenses. The help of the above-mentioned Society was a great boon to the wife and children of a steady, abstemious, but penniless man.

A member of the Society is not compelled to pay his annual subscription after the twenty-fifth year, when he may continue his payments as a donor. I reiterate this statement because I know that many—who perhaps have not read the rules—cease to contribute after twenty-five years—even though Fortune may bestow her smiles upon them.

That my few remarks may prove in their case more than a mere hint, and also lead to the addition of many new subscribers, is the earnest hope of, yours, etc.,

November 28th. M.D.LOND.

QUININE AND CHLOROFORM ADMINISTRATION.

SIR,—Much has been written and said as to the exact and proper administration of chloroform and other anaesthetics, yet accidents are repeatedly taking place, and we do not seem nearer obtaining a really safe anaesthetic. General practitioners want something more that is really practical and giving greater safety. I think we require a closer study of the patient in the preparation for receiving the anaesthetic. According to the rule of the day, the patient is placed on starvation diet for at least twelve hours prior to the hour of the operation. Added to this there is the depression and dread in the mind of the patient, which is not apparent to the surgeon, who sees before him a good case and wishes to verify his diagnosis. This condition of the patient can only tend to interfere with the heart's action. As you say in the paragraph on page 1336 of the *BRITISH MEDICAL JOURNAL*, "When the heart muscle has lost its resiliency, recovery is impossible."

Whatever may be said to the contrary, it is my firm conviction that disaster comes from a paralysis of the heart. If we consider the plexuses of nerves about the heart, the minute ganglia of nerves permeating the very substance of the heart, the close sympathetic connexion between the brain and the heart, we only want the shock of an accident or the prolonged strain and dread to bring about a slowing and possibly a stopping of the heart's action, when the mask is placed over the patient's face.

The question arises, then: What can we do for the patient to make the administration of an anaesthetic more safe? I do not ask for a better diet, or more food, for the patient, but if a few grains of quinine can be administered within the twenty-four hours before an operation, it will be found that the heart's action is improved and maintained right through the time of the operation; regardless, perhaps, of the amount of the anaesthetic which is used.

I have adopted this plan in several cases, and with the happiest result. Whitla says that small doses of quinine have no effect on the pulse. On this point I do not agree with him; and from personal experience I can say that the heart works with greater energy whilst under the influence of a few grains of quinine.

By giving this simple drug in the form of the hydrochloride, with dilute hydrochloric acid, to a patient preparing for an operation, we can say to the patient that it is for the purpose of helping him better to take the anaesthetic, and get safely through the operation.

I hope others may adopt this course with their patients, and give a record of the result. There seems more common sense in fortifying your patient for the trying ordeal than