

“pad”) on the fact that a portion of the os calcis is left behind. I have already given my reasons for doubting whether the bone left at the time of operation can ultimately form a part of the stump. If it do not, then Pirogoff’s can form, on its advocate’s own showing, no better stump than Syme’s original process, so that until that question is solved it is absurd to reason on the part the bone plays in forming a better pad. I can furnish Mr. Croft with a standard by which to compare his stumps, as I dare say everyone could who has either seen Mr. Syme’s cases, or others treated by men who perform it in accordance with his instructions. Take, amongst others, the case of the present Professor of Technology in the University of Edinburgh, with his own testimony to the excellence of his stump. I do not know how a better stump could be conceived, much less expected.

4th. How is it that Pirogoff’s flap is more vascular? So far as I am aware, the same vessels are cut in each. If it be objected that in dissecting out the os calcis, more vessels are cut, and therefore there is greater risk of mal-nutrition,—though I am not inclined to pay much attention to the division of a few thousand capillaries, more or less,—I reply that you are more apt to have bleeding from the cut surface of the os calcis, and absolutely leave more work in nutrition for the blood sent to the flap, than when you remove the bone *en masse*.

Thus the matter stands. Mr. Croft says Pirogoff’s modification is an improvement on Syme’s operation in point of rapidity, facility of execution, and in the stump being more vascular, longer, and forming a better pad of support. All these advantages are related as facts. I have shown that until Mr. Croft produces the evidence in their favour, rational and physical, they are simply his opinions. Let him furnish the evidence (nothing ought to be easier) for his statements, and, so supported, they will become facts, and of value in reasoning on the comparative merits of Syme’s process and Pirogoff’s modification of it. It is only reasonable that those who are not in possession of the evidence on which these opinions are attempted to be passed as facts should be provided with the same grounds as he possesses for coming to conclusions.

I write on this subject solely with a view to the truth. Whatever opinions I put forth I can, or believe I can, substantiate by evidence. If the evidence be against me, and in favour of Pirogoff’s modification, I am willing to admit it; but I am not willing to allow such unfounded statements as those I have quoted to be elevated to the same rank as the facts which everyone who chooses may gain for himself in the results of Mr. Syme’s cases. The opinions formed may vary, (I have found such a thing as geographical lines of belief in medicine)—the facts are quite independent of the deductions. I would say to any one taking an interest in the question: read what Mr. Syme has to say on it, especially the reports of his cases; then read what Pirogoff says of his modification of Syme’s process, and the facts and cases he supports it by. If you wish to compare them in practice, be certain you know what each means, as I have found the strangest misapprehension both in London and on the Continent as to the meaning of either of these distinguished men.

Before quitting the general subject of ankle-joint amputation, let me remark, that the question of facility or the opposite in its performance is one altogether unworthy of the rank it has been made to assume in the discussion. If facility is to be the test of the operation, then we should abandon both methods, and return to amputation in the tibio-perineal continuity. In the same way, for popliteal aneurism, let us return to amputation of the thigh. What is easy of execution to Mr. Croft may be difficult for me; but I scarcely think such a statement on my part will influence his ideas on the subject. As, however, it may be of use to point out an easy method of performing tibio-tarsal amputation, I shall do so. When the knife has cut to the plantar surface of the skeleton of the foot, in proceeding on Syme’s instructions, and the limit or flap in front is traced, insert the knife at its centre at right angles to the original incision, continue it backwards as far as the insertion of the tendo-Achillis, and into that, (how much a moment’s use of the knife will show,) no difficulty will be found in dissecting out the os calcis. Nor need any one fear that the cicatrix will not support the limb. I must decidedly object to this being called Syme’s operation, should any one try it and not be satisfied, since it certainly is not the operation he proposed. I could point out risks in it, but the question of facility is all that interests us at present.

As an instance of the facility of performance, and the usefulness of the pad formed in Syme’s operation, I will mention a case of double ankle-joint I saw performed by the present professor of Systematic Surgery in the University of Edinburgh.

It was a case of previous Chopart amputation for frost-bite. The stumps being useless, the poor fellow wished his legs amputated at once. As the stumps were ulcerated and the integuments adherent, a more unpromising case could scarcely have been tried. The operation was, however, performed, and the man soon went about with the assistance of a couple of sticks, his casual street acquaintance supposing that he suffered from the “rheumatics.” No possible amount of engorgement, exudative thickening, or other so-called source of difficulty, could represent greater difficulties than this case. Yet it succeeded. I remember, so little chance did there seem of the possibility of forming a stump, that it was questioned whether it were not better at once to amputate the limbs. Fortunately, the question of facility was put aside, if indeed it was ever raised; from Mr. Miller’s skill and character, I should not think it probable that it was.

To conclude, let me protest against the want of honourable feeling shown in designating the modification of another man’s operation by a name which would lead one to suppose that to the bearer of that name is due the entire credit of the operation. I am not a believer in the system of attaching personal names to designate operations and diseases differentially. It requires but a slight acquaintance with the literature of our profession to know how falsely these are too often applied. Whether Mr. Syme be the introducer of tibio-tarsal amputation or not, he certainly was the first to use the heel for forming a stump; such being the case, I again repeat that it is dishonourable and mean to attempt to deprive him of the honour due to him on that account.

I am, Sir, yours, &c.,

March, 1858.

IMPARTIAL.

ON THE USE OF

ALCOHOLIC STIMULANTS IN UTERINE HÆMORRHAGE, AND ITS EFFECTS.

IN REPLY TO JOHN HIGGINBOTTOM, ESQ.

[LETTER FROM DR. WILLIAM STRANGE.]

To the Editor of THE LANCET.

SIR,—All who know anything of the honest and honourable character of Mr. Higginbottom, will receive anything which may fall from his pen with entire respect, as due not more to his long and able career, than to his conscientious advocacy of opinions not always the most popular with his medical brethren. That Mr. Higginbottom’s opinions should be called in question derogates as little from their importance, as a difference of opinion as to their correctness does from the respect due to their propounder. Mr. Higginbottom is well known as a firm and conscientious opponent of the use of alcoholic stimulants in all shapes, and whether employed dietetically or medicinally. Like most people who hold a favourite principle very strongly, he may be apt, in practice, to push its application too far, and so sometimes to lose in logical correctness what he gains in extent of application of that principle.

To the observations on Uterine Hæmorrhage published in THE LANCET of the 6th ult. I think this remark is applicable. And it is because the subject is of such paramount importance in the most trying exigency which can occur in medical practice, that I venture to point out, to your junior readers especially, the fallacy which, I humbly think, runs through Mr. Higginbottom’s observations.

It has fallen to my lot to attend some thousands of cases of labour, most of them single-handed, very many of which were complicated with uterine hæmorrhage in some of its forms; and I am able to assert that I have never seen death result as a consequence, nor even as a sequence, to the exhibition of alcoholic stimulants: from the want of them, I am convinced I have.

It appears to me that, in deprecating the exhibition of alcohol in *all* cases of uterine hæmorrhage, Mr. Higginbottom has not sufficiently kept in view the purpose we propose to answer by its use, nor the stage and source of the hæmorrhage in which it is alone advisable to use it. He looks upon alcoholic stimulants as producing two effects—first, increased rapidity of the arterial circulation; and, secondly, a toxic action upon the cerebro-spinal centres. It is clear that in active and also in unavoidable hæmorrhage, the first effect can be productive of nothing but mischief. Whilst the open vessels are pouring out their contents—immediately after the separation

of the placenta, for example, or whilst it is being slowly torn from its attachments, as in placenta prævia—anything which increases the strength of the pulse must necessarily increase the quantity of blood effused. I do not know of any good author who advises the use of stimulants, in any quantity, in such cases as these. In fact, I can conceive no practice more opposed to all sound physiological principles, which would direct us first to close the bleeding orifice before exciting the circulation. Secondly, the toxic effect of alcohol administered during or after great hæmorrhage must be hurtful, both by diminishing the vital irritability of the nervous centres, and by complicating their symptoms and masking their gravity. If this toxic effect is most readily produced when the exhaustion is greatest, it may be admitted that great danger must result from it, as tending to reduce the enfeebled vital powers below the possibility of recovery. But I will ask, is this so? Do we see patients, when reduced to the lowest ebb at which life is possible, so readily placed under the narcotic influence of brandy as when the circulation is fuller, and the blood carried, by consequence, with more rapidity to the nervous centres? I think the experience of most accoucheurs will agree with mine in proving, that so far is this from being the case, that there is very great tolerance of spirituous stimulants under these circumstances, and that it is precisely on account of this tolerance that we are enabled to give at those times such enormous quantities of brandy without serious injury to the cerebral functions.

So far, then, I agree with Mr. Higginbottom, that the exhibiting alcoholic stimulants is not to be made whilst active hæmorrhage, from whatever cause, is going on. Indeed, the other remedies generally resorted to, such as cold, pressure, arterial depressants, even bleeding from the arm, are evidently contradictory to it. It is by confounding this state, that of hæmorrhage proper, with the after effects, the passive flow, and consequent deliquium, which constitute the real danger, that I think Mr. Higginbottom's observations so calculated to mislead the inexperienced practitioner.

Let us ask ourselves, what is the state of the vascular and nervous systems in the latter, and exhaustive stages of uterine hæmorrhage? Anyone who has witnessed this stage—the blanched lips and eyes, the irregular and sighing breathing, the jactitation, and finally the complete unconsciousness which usher in approaching death, must perceive that the great danger lies in the sudden loss of power in the nervous centres. It is then that we feel instinctively assured that if something be not speedily done to arouse their vital action, they will soon fail to excite the heart's action, and all will be over. We then reverse our previous operations. Instead of cold, we apply warmth to the body, by flannels and by friction; we attempt to arouse the nervous irritability by cold affusion to the face, by stimulants to the nostrils; and failing these, or along with these, we stimulate the heart to throw the little remains of arterial blood more rapidly into the brain to keep the centres of nervous action *alive*. Nothing can do this so quickly, so effectively, as brandy. But the moment we find the nervous centres sufficiently aroused to carry on the principal vital actions, we withdraw the alcohol, and resort to rest, calmatives, opium.

Mr. Higginbottom thinks that vomiting produced by ipecacuanha will prove serviceable. This may readily be believed, and is easily accounted for. In active hæmorrhage, vomiting, caused by the *depressing* action of antimony or ipecacuanha, may be useful in controlling the circulation; but in the latter stages, when life is nearly extinct, this effect will not account for its alleged beneficial action. We know that vomiting generally occurs when the nervous powers are depressed below a certain point, as by bleeding, severe blows, &c. &c. If it produces any good effects in the *deliquium* resulting from post-partum hæmorrhage, it may possibly be explained by the fact, that the descent of the diaphragm and the pressure of the abdominal muscles in the act of vomiting, tend to empty the great venous trunks, and to keep them empty for a certain time. By this means the uterine discharge will be diminished, whilst the blood is returned to the heart with greater force, and so a saving of that fluid may be effected. Be this as it may, the act of vomiting certainly maintains a fulness in the cerebral vessels, *pro tem.*, which must have the effect of supporting the vitality of the brain. I also think that ipecacuanha possesses more obscure hæmostatic power, although perhaps there is scarcely time for its action in the cases in question.

Without trespassing longer on your valuable space, I will briefly relate two cases in illustration of what I have advanced. About eighteen years ago, being then in a town in Lancashire, well known to Mr. Higginbottom, I was called to a labour at

the distance of two miles. The woman was delivered before my arrival, and I found life at the lowest ebb from post-partum hæmorrhage. The placenta, lying detached partly within and partly without the uterine cavity, was easily removed; but by no efforts of the hand introduced could the uterus be made to contract. Whilst the husband was gone half a mile to fetch some brandy, the woman died, with my hand still in utero. I felt then, and I am still of the same opinion, that had stimulants been at hand this poor woman's life might have been saved.

A few weeks since, the counterpart to this case occurred to me. Having been sent for, a distance of four miles, to attend in her confinement a young woman who on the previous occasion had had severe hæmorrhage, and some unavoidable delay occurring before I could reach her, delivery had taken place and alarming hæmorrhage was going on on my arrival, nor did it cease when the placenta was removed. Cold water to the vulva, pressure on the uterus, cold air, &c., were instantly resorted to, without effect; and after a further gush of florid blood the countenance changed, the pulse ceased, and all seemed nearly over. Brandy without limit was poured down her throat, with the effect, in about twenty minutes, of restoring her to consciousness and to safety. This case I feel assured would have terminated as the other did, had my arrival been delayed ten minutes longer, or had the brandy required to have been sought, instead of being, as it always should be, at hand.

I am, Sir, your obedient servant,  
Worcester, March 10th, 1858. WM. STRANGE, M.D.

To the Editor of THE LANCET.

SIR,—Having read an article on Uterine Hæmorrhage by Mr. Higginbottom in THE LANCET of March 6th, in which the use of alcoholic stimulants is altogether condemned, I should like to be informed how that gentleman would treat such a case as the following without their aid. Some time past I was sent for to attend a woman living at a considerable distance. On my arrival, I found the child had been born a quarter of an hour, but the cord had not been divided. There was hogsback attachment of the placenta, and hæmorrhage had taken place to a large amount, and was then continuing. The action of the uterus had completely ceased. The woman was very much prostrated, lips livid, face pale, and extremities cold. Having separated the child, I gave her a large dose of *secale cornutum*, and applied pressure with the hand, thinking that by exciting contractions of the uterus, detachment and expulsion of the placenta would take place, and the hæmorrhage be arrested, but no such result followed. As the patient continued to sink, I administered a large dose of opium, and immediately sent for some brandy, which I gave freely, and as soon as she rallied brought the placenta away with the hand, when the bleeding immediately ceased. I gave her gruel with small quantities of brandy frequently. The woman was able to get up in a week. On inquiry, I learnt that, through poverty, she had not been able to procure any food for three days previous to her confinement. In this case the *secale cornutum*, although it excited uterine action, only increased the hæmorrhage. Pressure and opium were unsuccessful, and cold was inadmissible on account of the prostration. Would, then, Mr. Higginbottom use his *dernier ressort*, an emetic, in the case of a woman so far sunk, when, too, the stomach had nothing to be evacuated? Does ipecacuanha exercise at the same time a vital influence on the dying bodily powers, and a specific uterine action? These are questions on which I should like to gain information.

I remain, Sir, yours, &c.,  
Queen's College, Birmingham, March, 1858. STUDENS.

THE LATE DR. ROLPH, OF PORTSMOUTH.

To the Editor of THE LANCET.

SIR,—Ever since the verdict of the jury against the late Dr. Rolph, your columns have impartially and strenuously vindicated that persecuted man, and, through him, the rights of the faculty. He is now where the wicked cease from troubling. His enemies have raged their utmost; they hounded him in life; they persecuted him to the death; they laboured to pursue him beyond the grave, but there their malice overreached itself. The voices of all in this borough whose opinion was worth having branded as diabolism that spirit which carved on the gravestone of Mary Berry the most unrighteous verdict ever found by a British jury.

But although Dr. Rolph is now beyond the reach of malice, and therefore needs no further sympathy, there is left one who