

signed by them, and the authority of the original documents should then lapse and terminate, and the responsibility for the patient's detention rest upon the authority of the commissioners and visitors alone. This would give the assurance to the public that the patient was rightly detained, if anything will do so; and it would relieve the medical profession of a responsibility never ending according to the present working of the statutes. Everything as to the examination of the patients and signing of all the documents, *except the endorsement of the certificate*, is already provided by the Act, 8 and 9 Vict., cap. 10, sect. 62. The relief to the original certifiers by the corroboration of the legal authorities is all that is new.

I remain, Sir, yours, &c.,

Boreatton-park, Shrewsbury, Jan. 1885.

W. H. O. SANKEY.

THE TREATMENT OF FOUL WOUNDS BY HOT AIR.

To the Editor of THE LANCET.

SIR,—The perusal of Mr. Leighton Kesteven's interesting paper on antiseptic steam irrigation of foul wounds induces me to offer you a description of a method of treatment by hot air that for some years I have used with marked success in cases of chronic, indolent, and varicose ulcers, syphilitic or otherwise, which are known to every practitioner, and are a source of annoyance to the patient and his friends from their offensive discharge. I employed a village carpenter to make the box I used. It is constructed of well-seasoned wood, the bottom, or floor, consisting of three layers about an inch apart from one another, the outer one of stout sheet zinc or tin plate, is that against which the flames of the spirit lamps impinge; the middle is of perforated zinc, and above that a wooden floor, also perforated by numerous holes. The apparatus is placed on the bed, and the limb put in it by lifting the two lids, which are perforated by holes for the escape of hot air and vapour; the spirit lamps, two or three in number, are lighted, and the temperature is quickly raised within the box to as great a height as can comfortably be borne by the patient, and maintained for two hours, the process being repeated morning and evening. Sprinkling the inside of the box with an ounce or so of terebene is of value in neutralising the offensive smell from a large ulcer, and also probably contributes to the stimulative effect of the hot air. In syphilitic cases calomel may be vaporised by sprinkling on the zinc floor above the lamps. Before placing the limb in the box I well wash off as much purulent matter as possible with a syringe and a solution of boracic acid. After removal from the box I apply a piece of lint cut to the shape of the wound, but a quarter of an inch smaller, and soaked in a saturated solution of boracic acid, and either no bandage or just enough to keep the lint in place. I need hardly add that the rapidity of healing will be greatly accelerated if the patient will maintain the horizontal position entirely during the treatment; in other words, keep his bed or sofa. I have found large chronic ulcers of many years' standing heal rapidly under this process, and the limb remain sound and useful for years with the help of an elastic stocking or bandage. I think both Mr. Kesteven's experience and my own go to prove that in heat we have a manageable as well as powerful stimulant which is undeservedly neglected in treating the class of cases referred to.—I am, Sir, yours truly,

January, 1885.

DOUGLAS W. ESHELBY, M.D., &c.

DEATH DURING THE ADMINISTRATION OF ETHER.

To the Editor of THE LANCET.

SIR,—I am very sorry to add another to the list of deaths during the administration of ether. The facts respecting the case are as follows:—On Wednesday, the 14th inst., at 5 P.M., I administered ether to a man aged sixty-two in the receiving room of the London Hospital. It was for a dislocation of the shoulder a week old; he could bear no manipulation. I used Ormsby's inhaler and had the air-cap open to a small extent throughout the administration. The patient was fully under the influence of the anæsthetic

in about the usual time, and the dislocation having been apparently reduced I stopped the administration. As the dresser was proceeding to put the strapping on I found that the reduction was not satisfactory. The man had just partially come round; so, without putting any more ether in, I put the bag again over his face. In about two minutes the reduction was completed (with the heel in the axilla), and I removed the inhaler about a minute afterwards. I observed that the man began to look pale and that his breathing had become very feeble. I ordered brandy, which was given hypodermically over the cardiac region; artificial respiration was at once commenced by one of my resident colleagues, assisted soon after by another, whilst I drew the tongue forwards. The battery was also procured and used. The dusky pallor increased in spite of our efforts, and though we continued artificial respiration for upwards of half an hour we failed to bring him round. It should be stated that at the time of removal of the inhaler on the second occasion I felt no anxiety; it was not till a minute afterwards that I observed the death-like lividity and pallor. On the first occasion there was struggling; on the second none. I had inquired as to his food previously, also as to whether he had any cough or lung trouble, as he was short of breath when I saw him, but he answered in the negative to the latter.

The autopsy was made by Dr. Turner, pathologist to the hospital, and the lungs were found emphysematous and congested. There was bronchitis with a quantity of mucus in the tubes; the lower lobes did not contain much air; at the upper part there was more œdema. Trachea congested, containing frothy secretion. Heart flaccid; right ventricle and auricle occupied by soft coagulum; great increase of fat on surface of same and very little muscular tissue; at apex it had nearly disappeared; slight thickening of valves; left side of heart normal. Pericardium universally adherent. Other organs fairly healthy. Dr. Turner considered that death had been brought about by fatty heart combined with bronchitis and emphysema. The man had about an inch and a half of fat on the abdomen. I heard afterwards that the patient had not been well at home, having fainted not long before coming to the hospital. I was assisted throughout the case by one of my colleagues.

I am, Sir, yours truly,

PROCTOR SELBY HUTCHINSON,

London Hospital, Jan. 19th, 1885. House-Surgeon.

REMARKABLE CASE OF SELF-INFLICTED WOUNDS CAUSING DEATH.

To the Editor of THE LANCET.

SIR,—With reference to your recent remarks on the conviction of Mrs. Gibbons and the medical evidence bearing on it, I beg leave to narrate the following case, which came under my observation.

In the summer of 1875 I was sent for hurriedly to see an officer. I found him lying on a couch with two incised deep wounds on the front of the abdomen, and one similar wound on the back, near the spine. Twenty-six incised wounds were found about the left breast, some of them penetrating the cavity of the thorax and others leading along the ribs; both hands were dreadfully mutilated; and lying close by the officer was a sword covered with blood and bent to an angle of about 45 degrees. He lived for several hours, and told me how he had transfixed himself by placing the hilt of the sword against the wall and then pressing forward on it; but, failing to effect his object, he made a second attempt. This time the blade, impinging on the spine, was bent, so that he had great difficulty in withdrawing it, his hands being cut severely in the effort. As death did not ensue, he then tried to penetrate the heart, but without success. A post-mortem examination verified his statement regarding the transfixion and the effects of the second effort at causing self-destruction.

Had this gentleman been found dead, I think it is extremely problematical whether any jury would have given a verdict of suicide, as such unusual power of self-mutilation is uncommon; and I am disposed to think that medical evidence would probably have tended to the idea that such wounds would not have been self-inflicted.

I am, Sir, your obedient servant,

WM. ALEXANDER, M.D.,
Surgeon-Major.

Aldershot, Jan. 1885.