

invaded the Tigre country and besieged Makalle and Antalo. We have heard nothing of the field medical service now in Abyssinia at the disposal of the Italian force, but it is clear that a number of medical officers, together with hospital stores and equipment, will be required, and these, no doubt, will be sent out with the reinforcements to be despatched by the Italian War Office.

DEATHS IN THE SERVICES.

Surgeon-Colonel Daniel Charles Grose, principal medical officer, North British military district at Edinburgh, on the 7th inst., in his fifty-fifth year. He entered the Army Medical Service in 1864, and in 1865-66 served with the expedition from Aden into the interior of Arabia, was in medical charge of the force at the action of Bir Said, and was present at the subsequent operations. He became a surgeon-major in 1876 and brigade-surgeon in 1890.

THE PASTEUR INSTITUTE FOR INDIA.

Surgeon-Colonel C. Roe, I.M.S., has been appointed honorary secretary of the association for the foundation of a Pasteur Institute in India. It is understood that sufficient funds have been collected to assure the success of the scheme.

Sir William Mackinnon, the Director-General of the Army Medical Service, was recently at Windsor Castle on a visit to the Queen.

On Dec. 3rd 170 invalids arrived at the Royal Victoria Hospital, Netley, from Bombay, *ex* hired transport *Dilnarra*.

Correspondence.

"Audi alteram partem."

"THE CASE OF DR. WIGHT."

To the Editors of THE LANCET.

SIRS,—I was pleased to read your editorial article and also "M.D.'s" letter in THE LANCET of Dec. 7th. I concur entirely with both, and as there appears a possibility of a doubt, Dr. Wight should have had the benefit. Ever since I read the account of the inquest in the daily press of the unfortunate case I have been on the look out for the *post-mortem* report of the injuries, which in my opinion should certainly have been communicated to the medical press, so that the profession might have had an opportunity of forming their own conclusions from a scientific account of the case. No matter how intelligent twelve laymen may be, they are incapable of forming a true opinion from post-mortem details. In this lamentable case it is unfortunate that no evidence was produced for the defence, and if the injury was situated in the posterior vaginal fornix, as stated in your leading article, there is every reason to believe that the rupture was accidental; if the rupture had been lateral, then one could understand how the blade of a forceps would, when carelessly employed, cause the fatal mischief. I take it that very few men have seen such an unfortunate occurrence, and having seen two cases myself I may be pardoned for trespassing on your valuable space. My first case happened in 1878, when I was engaged to attend a multipara whom I had delivered with difficulty some years before. As I had not been paid I said I should require my fee before I went to her again. I heard no more about the case till one morning in September, about 2 A.M., I was called with the message that Dr. C— required my aid at once. I went, and found my neighbour, who had just succeeded to a practice, had been in attendance some time. She had been in labour several hours, and he had had forceps on and off for two hours, the forceps slipping off each time he tried to bring down the head. I examined her and found an antero-posterior diameter of three inches. I tried the same forceps and then tried my own, but they slipped off. I examined carefully again, and found what seemed to be the head well down, and beyond could feel something like the tip of the shoulder. I went for the perforator and crotchet, and was only [away a very short time. On my return I found the head had receded and the foetus was in the peritoneal cavity. Introducing my hand carefully into the vagina I found it passed through a rent in the posterior

fornix or Douglas's pouch, and the uterus was completely separated; I got the feet and succeeded in delivering her in a few minutes. She survived her delivery for thirty-six hours. When did the laceration take place in this case, and who was to blame? We did our best to deliver her, and did not use more force than I used on the previous occasion. The rupture was caused no doubt through trying to bring the head through too narrow a brim, but who would venture on craniotomy before an attempt with the forceps? I feel somewhat strongly, therefore, in Dr. Wight's case that the misfortune which has happened should be put down to criminal neglect when I could understand even the anxiety of such a case causing him to have a dazed appearance. I trust something may be done to lighten the poor man's punishment, because the stigma of being held criminally responsible for what after all may only have been an unavoidable accident must be great in the case of a man who has practised honourably for thirty years.

I am, Sirs, yours faithfully,
Wigan, Dec. 9th, 1895. W. BERRY, F.R.C.S. Irel.

To the Editors of THE LANCET.

SIRS,—Without going into the merits or demerits of this unfortunate case, there is one thing which is not mentioned either in your article or in "M.D.'s" letter—viz., the apparent unfairness of the prosecuting counsel, when opening the case, in drawing the attention of the jury to the fact that the defendant was "more than half an hour" getting the forceps into apposition, thereby implying that such delay was a sign of want of knowledge or *kudos* in the operation. Now it is a well-known fact with obstetricians that in certain cases, especially where the presenting head is a fixture and the pains well-nigh continuous, it is utterly impossible to apply the forceps *cito* and at the same time *tuto et jucunde*, and that the very length of time in applying them may be but a witness of care and of scientific knowledge in the operation.

I am, Sirs, yours faithfully,
W. L'HEUREUX BLENKARNE,
Surgeon to the Leicester Provident Dispensary.
Leicester, Dec. 10th, 1895.

SEQUEL TO A CASE OF TRAUMATIC TETANUS TREATED WITH TETANUS ANTITOXIN.

To the Editors of THE LANCET.

SIRS,—When sending you the notes of my case of traumatic tetanus treated with tetanus antitoxin¹ I had to record that the latest news of the child still mentioned some lameness. This has been since accounted for satisfactorily, though, I confess, unexpectedly, by the removal from the foot of a small triangular piece of china three-eighths of an inch in its longest diameter. The mother of the child writes that "on Friday (Oct. 25th) she complained of the foot being very painful. I examined it and saw a small white thing in the middle of the wound. I tried to take it out with a needle but could not, so put on a poultice of linseed and a little soda, and it took out a small piece of the dish that her foot was cut with at the beginning." As Dr. Neil Fullarton and myself both sought repeatedly with a probe for any foreign body without success, and as the wound had been well poulticed for some days until it assumed a healthy appearance, I was scarcely prepared for this sequel and was, therefore, glad to receive the enclosed letter from Dr. Fullarton.

I am, Sirs, yours faithfully,
Harley-street, W., Dec. 9th, 1895. NESTOR TIRARD.

Dr. Tirard. Blairbeg House, Lamlash, Arran, N.B.,
Nov. 11th, 1895.

Dear Sir,—I was up Corrie way the other day and looked in to see the little girl, K. W—, who is looking extremely well. No one would ever suppose she had so recently been through such a serious illness judging by her present appearance. You know, of course, about the piece of dish which came out of the wound, and which has apparently been retained under the tendon of the flexor longus pollicis, judging from the part of the wound it came out of, and also from the fact of its only moving out when the child began to use the foot. I am sure you must have been gratified, as I was, with the result of your treatment. I send you this note as I am sure you will be glad to learn of your little patient's complete recovery to health and strength, which she undoubtedly owes to you.

With warmest regards, believe me, yours truly,
NEIL FULLARTON.

¹ THE LANCET, Nov. 2nd, 1895.