

the current but simply as high-frequency currents, and have shown that the physiological effects may differ with varying conditions of the patient. The question as to the effects of various kinds of current I have referred to as important; but I have not attempted to discuss this point, preferring to leave it for future investigation by others as well as by myself. Dr. Bowie's knowledge of the subject and his obvious interest in it lead me to hope that he may help in this. Criticism of what has already been done is a good beginning.

I am, Sirs, yours faithfully,

Glasgow, July 1st, 1907.

SAMUEL SLOAN.

## THE SURGICAL TREATMENT OF CONSTIPATION.

To the Editors of THE LANCET.

SIRS,—The letter of Mr. J. Hopkins Walters in THE LANCET of July 6th, p. 48, would deserve a full reply if it were not intended as a defence of an author well able to take care of himself. Mr. Walters will see that if I allow myself to be drawn into a controversy with him, next week some fourth person may come forward, some unsilent worshipper of Mr. Walters, to declare that I have "utterly misconceived or misrepresented" his letter, that I "cannot have read" that letter, that I have placed him "on a pillory to be stared at or stoned," and so on. Then, in spite of the "rectitude" and "angularity" with which Mr. Walters credits me (why not call it "rect-angularity"?), I am really a very polite man and might reply to number four, which would call up number five, and so the struggle continue, descending from "great surgeons" to small, then to still smaller, until in ages to come microscopical surgical knights-errant might be bombarding a myth with emanations, infinitesimal but warm, like those of radium.

It is this consideration which prevents me from more than briefly referring to Mr. Walters's own interesting case. I note that in it the obstinate constipation seems to have come on immediately after a "nervous breakdown." I do not suppose, therefore, that Mr. Walters attributes it to any mechanical obstacle presented by the colon. It was with especial reference to excision of the cæcum that I said that "the condition of the appendix vermiformis" should be "always carefully noted." This is made clear by the context, from which Mr. Walters has removed the words, tacking them on to a preceding paragraph, and putting all between one set of inverted commas. This enables him to report with, as it were, a "there now!" that the appendix was found healthy in his case of simple ileo-sigmoidostomy. He has no wish to misrepresent, I am sure, it is merely a specimen of the light and careless touch by which "rectitude" and "angularity" can be avoided.

In reply to his question whether appendicostomy would have produced excellent results in this case I think it would. With regard to my admission that after appendicostomy the opening should be regularly catheterised he should remember that the mere use of the appendicostomy provides this catheterisation automatically. It is no more a serious drawback than the aperients and enemata to which his patient seems to have had to return after ileo sigmoidostomy.

I am, Sirs, yours faithfully,

July 6th, 1907.

C. B. KEETLEY.

## GROCCO'S TRIANGLE: PHYSICAL AND ANATOMICAL EXPLANATION.

To the Editors of THE LANCET.

SIRS,—I have read with pleasure Dr. F. W. Forbes-Ross's article on the above subject in THE LANCET of June 29th, p. 1773, and do not think that he need in any way apologise as a surgeon for his possession of a general knowledge of medicine. It is to be hoped that the specialist who prides himself upon his ignorance of matters beyond the sphere of his principal activity will become rare among us—is, I would fain hope, not common now. There are a few points in Dr. Forbes-Ross's paper and Dr. W. Ewart's letter in THE LANCET of July 6th, p. 49, which provoke comment.

In the first place, and with every disposition to do homage to those who add to our knowledge, there is manifestly an inconvenience in the use of a patronymic nomenclature of structure or disease. Surely it would be more informing were a term used which denoted a presumably recurrent condition rather than that such should be only appreciated by

reference to a biographical dictionary or by more or less archæological research. "Grocco's triangle" is represented as being an area of communicated percussion dulness beyond or beside a medium of lower vibrational capacity than that through which it is conducted to the surface. I am aware that I am rather at variance with Dr. Forbes-Ross on this question of physics but do not propose discussing this point at present, as it is not material to the remarks I propose making.

"Grocco's triangle," if it be such as it is represented as being, is a *parachumatic* percussion dulness. I hope I may be forgiven for using so unepithetous, yet, I think, quite correct a term, denoting beside or near (*παρα*) an effusion (*χυμα-αρος*). Parachumatic percussion dulness may be an all-important or an altogether subsidiary sign. In the cases referred to by Dr. Forbes-Ross and Dr. Ewart it is, I think it will be admitted, of little importance. The conditions stated to manifest it are abundantly evident from other signs. The cases mentioned by Dr. Ewart in which "amounts of (fluid) too small to be identified by any other means," are only thus discoverable must be of rare occurrence. The diagnosis, again, of enlarged bronchial glands in the posterior mediastinum in "incipient cases of tuberculosis" by a "sudden spread" of Grocco's triangle, as pointed out by Dr. Forbes-Ross, is, I confess, a refinement of diagnosis which extorts my admiration but also one which I should hesitate to accept as correct without more definite and other evidence. The chief circumstances in which parachumatic percussion dulness in the thorax may be of great importance are, in my experience, those attendant upon some cases of *sub-diaphragmatic suppuration*. An abscess creeping up behind or above the liver and raising the diaphragm (as in Dr. Ewart's cases of ascites showing symmetrical paravertebral triangles of dulness) may be associated with parachumatic dulness at the right pulmonary base posteriorly and with obscuration of the respiration in the area of such dulness. The discrimination of this state from one of primary pleural or pleuro-pneumonic disease lies chiefly in the fact that the constitutional disturbance is out of all proportion to the local thoracic signs, while hepatic and abdominal evidences of the causal condition may be altogether absent. In these circumstances this parachumatic dulness, whatever its shape, is frequently pathognomonic of the serious subdiaphragmatic condition in question and a reliable guide to the measures indicated for the relief of the patient, which are, of course, surgical. In conclusion, Sirs, I hope these remarks will in no wise be regarded as expressing any want of appreciation on my part of the interest of Dr. Forbes-Ross's communication which has the charm of all anatomical elucidations.

I am, Sirs, yours faithfully,

ALEXANDER MORISON.

Upper Berkeley street, W., July 6th, 1907.

## PROPOSED AMALGAMATION OF THE NORTH-WEST LONDON HOSPITAL WITH THE HAMPSTEAD GENERAL HOSPITAL.

To the Editors of THE LANCET.

SIRS,—I venture to ask if you will kindly allow me to correct the statement which Dr. E. Collingwood Andrews is reported to have made in his speech at the meeting of the Hampstead division, Metropolitan Counties Branch, British Medical Association, on July 3rd in reference to the assets which the North-West London Hospital might be expected to bring into the proposed partnership. Dr. Andrews would have his supporters believe that the only financial help to be given by the North-West London Hospital would be "to the extent of about £200 a year by subscribers." In this Dr. Andrews is very wide of the mark, and it is to be regretted that apparently there was no one at the meeting sufficiently well informed to correct this mis-statement.

As a matter of fact, my committee is prepared at this moment to hand over investments and cash balance at the bank to the amount of over £5500, with "stock in trade," which includes surgical instruments valued at £400. Last year (an average year) our annual subscriptions were £754, donations (apart from the King's Fund, the Hospital Sunday and Saturday Funds) £1128. Many of these donations may be regarded as regular income, although they do not appear under the heading of annual subscriptions. The average annual income for the past few years has been nearly £5000.