

of enthusiasm for further research caused by the tantalising half-light thrown on the circulation of the blood by the discovery of the immortal Paduan; and I think there can be no doubt that from that time till his appointment to office in the Royal College of Physicians of London in 1615 he was diligently pursuing his anatomical investigations. Though he does not specify any date for the commencement of his studies of the motion of the heart, yet in chap. i. of his "Anatomical Exercises" he clearly indicates that he was so occupied for some considerable period, for he writes: "At last, using daily more search and diligence, by often looking into many and severall sorts of Creatures, I did beleve I had gain'd the motion and use of the heart, together with that of the arteries, which I did so much desire: Since which time I have not been afraid, but privately to my friends, and publickly in my Anatomie Lectures, to deliver my opinion." Moreover, the reasons which he gives later on for publishing his work indicates that some considerable time again elapsed between his final determination that he was right in his discovery and the actual date of publication (1628). So that I think it is not at all impossible (of the probability I leave others to judge) for our "Sweet Swan of Avon" to have heard in his retreat at Stratford some preliminary rumbles of the advancing storm which shook Warwick-lane to its foundations. I remain, Sirs, yours faithfully,

LEONARD K. H. HACKMAN, L.R.C.P. Edin.

Portsmouth, Oct. 15th, 1888.

FOOTBALL ACCIDENT CALLED "THE POPE TAKEN."

To the Editors of THE LANCET.

SIRS,—I have had such frequent experience of the condition of "pope," which Mr. Wherry described in his interesting communication in your issue of Oct. 6th, that I hope I may be allowed to endorse his explanation of its causation. It is, as he says, "produced by a sharp blow," generally from the knee of an antagonist, "upon the front and outer side of the thigh," and near to the middle of its length. I believe that, for the usual effect to be produced, the muscle (quadriceps) must be in a state of extreme contraction at the moment of impact, and that, as a result, a sort of temporary paralysis of the muscle fibres is caused. That there is no direct injury to a nerve is probable from the very short duration of the effect, and that little actual lesion occurs is shown by the rarity of the occurrence of any considerable bruising. So far as my personal and professional experience allows me to judge, the after effects are little more than a slight subcutaneous bruise and some stiffness in the muscle at the site of injury which rarely lasts more than three or four days. I am, therefore, surprised to see Mr. Wherry's statement, that it is followed by effusion into the joint, and can hardly imagine that this results from the same injury as that whose effects he has so accurately described.

The accident occurs more frequently in the Association game than that of the Rugby Union, but I have made inquiries of the leading players in both games at Oxford, and find that their accounts of the accident and its effects entirely coincide with the above description.

Mr. Clement Dukes in his letter of last week has, I think, confused several accidental lesions with the one described by Mr. Wherry, and principally that rupture of some portion of the fascia lata which occurs just as does the "lawn tennis leg" in persons who are, from age or want of training, not in the best physical condition. I have had several cases of this casualty sent to me, not only from among lawn tennis and football players, but from among athletes to whom the accident has happened while practising on the cinder path, where no blow could possibly have occurred.

I am, Sirs, yours faithfully,

JOHN H. MORGAN,

Grosvenor-street, W., Oct. 1888.

Late President, O.U.A.C.

To the Editors of THE LANCET.

SIRS,—Having several times "had my pope taken" during the twelve years or so I played football, I was glad to see Mr. George Wherry directing attention to it in your columns, especially as I have never previously seen any mention of this well-known accident in medical literature. In my experience, in Rugby Union football a man "gets his pope taken" not so often by a "hack" or kick, as by

the knee, or sometimes heel, elbow, or other projecting part of friend or foe, getting heavily pressed into the mass of muscles in front of the thigh. This may occur during a "scrimmage," as when several "men are down" together. This injury is also more likely to occur when the player's own leg is fully flexed, causing tension of the fibres of the quadriceps. A player is also apt to get his "pope taken" when collaring a man "running" straight at him. No doubt the accident may be caused by a kick, but this is more likely to occur in Association football, in which game the ball is often kicked at when higher in the air than in Rugby. However caused, it is, I think, simply a more or less severe and deep contusion of the muscles in the front of the thigh. If severe, there may be, of course, some effusion into the knee joint or bursal cavities. The symptoms are: rather severe, cramp-like pain at the moment of causation; temporary inability to move the leg: then inability to walk or run, except with the leg stiff. If not severe, a player generally finishes out the game fairly well; but next morning he is very stiff, and has to walk with a limp for a few days. There is also considerable tenderness on even slight pressure over "the pope." Discolouration of the skin usually shows itself a few days after the accident. If severe enough to require treatment, the best is rest and support followed by passive movements and massage. I doubt whether pads would be of any use in preventing this injury. I am an advocate, however, for light thin "shin" guards (as sold made up with split cane, whalebone, &c.) being worn, under the stockings if preferred, especially if the skin of the shin is already abraded. I have once seen a case of troublesome periostitis set up by repeated hacks on the same place. As to the true orthography of the word I know nothing. I have heard it generally described as "being popped," or more usually "had my pope taken." As to derivation, in my own mind I always thought that from its situation in the leg it had some relation to the pope's eye in a leg of mutton. The term is not a local one, as it is, I know, used in Hertfordshire, Surrey, Cornwall, Devon, and in Scotland, though less in Scotland.

I am, Sirs, yours obediently,

Dulwich, Oct. 9th, 1888. GEORGE B. BATTEN, M.D. Edin.

THE TREATMENT OF PUERPERAL SEPTICÆMIA.

To the Editors of THE LANCET.

SIRS,—Dr. McBean's case of Puerperal Septicæmia is a most interesting one. May I be permitted to supplement it with another somewhat similar?

Some time ago I attended a lady, aged twenty-nine, in her third confinement. Although her general health was very good, her puerperal history was decidedly bad. After the birth of her first child she had a rather profuse hæmorrhage. Her second labour was precipitate and attended with a most terrible and dangerous flooding; she was pulseless and unconscious for several hours. Her third confinement took place on May 7th. I remained with her throughout the labour, which was completed without any serious loss of blood. All went well for two days, when on the 9th she had a slight rigor. Quinine was at once ordered and the vagina was systematically washed out with permanganate solution. After this no particular anxiety was felt until the afternoon of the 11th, when I was hastily summoned, to hear that she had just come out of a very severe rigor. The temperature was 103.2° and the pulse 115. Finding the os uteri patulous, I immediately passed a soft elastic tube up to the fundus, and gently but thoroughly washed out the cavity with warm permanganate solution. The returning liquid was carefully examined, but nothing special was discovered. At 8.30 P.M. the temperature had fallen to 100°, and the next morning it was normal. Then for a week the temperature ranged between 99° and 100°, except on the evening of the 16th, when it suddenly rose to 105°, to as soon fall again to the previous level. After this it remained normal. The convalescence was uninterrupted; but for some months there were pain and tenderness in the region of the left broad ligament, and some swelling of the left foot and ankle after standing or walking. The history of the case shows, I think, that septic infection had already commenced.

If while congratulating Dr. McBean on the successful issue of his case I may be allowed a few words of criticism, I would suggest that it would have been better had he performed the *toilette* of the uterus on Dec. 16th instead of

delaying it until the 20th. Perhaps, also, that, short of absolute necessity, it would be better not to inflict fresh wounds in the presence of so much septic material; and, lastly, that in such cases the mere washing out of the vagina is little better than waste of time.

I am, Sirs, your obedient servant,

FRANCIS T. TAYLER, M.B.

Lewisham High-road, S.E., Oct. 16th, 1888.

MEDICAL OFFICERS OF HEALTH AND THE LOCAL GOVERNMENT ACT.

To the Editors of THE LANCET.

SIRS,—Next April the new County Government Act comes into force. Under the provisions of that Act many medical officers of health who do not possess certificates in sanitary science or public health will lose their appointments. It is generally considered a simple act of justice that Acts of Parliament in Great Britain should not have *retrospective* action. It is evident, however, that this particular Act is to be an exception to this just and fair rule, and that in consequence many medical men who have made themselves fully competent to act under the Public Health Act, and have probably given up general practice, are to be driven out of their appointments, and treated by an act of their country's Legislature in a very unjust and arbitrary manner. As no redress is to be got from Parliament, and in order to counteract this act of injustice, would it not be becoming and gracious on the part of the Colleges from which each medical officer of health obtained his diploma to present all holding office at the date of the passing of the obnoxious Act with the necessary "certificate"? Many of these men have probably arrived at ages when to pass an examination is an ordeal both undignified and derogatory.

I am, Sirs, yours truly,

Oct. 17th, 1888.

W. W. H.

THE TEACHING OF ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—I regret that Mr. Silk, in replying to my letter of the 22nd ult., should state that I advocate "the indiscriminate use of chloroform." It is a groundless assertion. Mr. Silk further asserts that in America "the administration of ether is almost universal." Mr. M'Guire, addressing the Virginia Medical Society in October, 1887, says, "In the Southern States chloroform is principally used." I quoted the statistics of Messrs. M'Guire and Chisolm on account of their large experience of chloroform as an anæsthetic, and also because their names are known and respected wherever surgery is practised.

Mr. Silk recounts some instances of local prejudice and hysterical legislation against the use of chloroform, such as took place in the New England States. Dreading that similar results might, from your condemnation of the medicine, follow in these countries, I wrote my protest of the 22nd, and I am glad to see I do not stand alone on the question. I object to the creation of a prejudice that would restrict me in the choice of a therapeutic agent. Let the blame be fairly bestowed and not always cast on the drug, when it frequently should be thrown on the incompetent administrator. We do not condemn opium when an overdose has been prescribed, nor assert that had choral been used the patient would now be living; neither do we cry out against the general use of the drug.

I am certain THE LANCET would not approve of a law coercing a surgeon to use an anæsthetic other than that which commended itself to him as the most suitable; neither would it acquiesce in the condemnation of a surgeon by a coroner's jury who might arrogate to itself the right of deciding on the relative merits of ether and chloroform. I believe THE LANCET would in no uncertain tone advocate the surgeon's right to select his anæsthetic untrammelled by legislative interference, and undeterred by coroner's juries; but once let the prejudice get hold of the public, and your demand for justice for the profession will fall on the ears of those deafened by prejudice both to reason and argument.

I have had personal experience of ether, chloroform, and the A.C.E. mixture, and I prefer chloroform, and I appeal

to your sense of justice not to raise a prejudice against an anæsthetic which I consider best for my patients, and the one with the use of which I operate with the least anxiety. Teach the public that chloroform is a dangerous anæsthetic, and you make it so, by producing a dread of it in the patient's mind. Suppose chloroform driven from the field by prejudice, what anæsthetic will replace it for operations on children, in midwifery, patients suffering from renal and pulmonary and asthmatic troubles, and in those suffering from arterial degeneration?—in all of which cases Dr. Dudley Wilmot Buxton, anæsthetist in the University College Hospital, author of "Anæsthetics, their Uses and Administration," published this autumn, considers ether unsuitable.

I fully agree that it is a necessity to teach students to administer anæsthetics, and I believe, if they are properly taught, the mortality from chloroform anæsthesia will become almost *nil*. I do not advocate the indiscriminate use of chloroform or any other therapeutic agent, but I protest against the unqualified condemnation of so valuable and, I believe, so safe an anæsthetic.

I am, Sirs, yours truly,

Lower Gardiner-street, Dublin, Oct. 6th, 1888. GEORGE FOY.

* * * Our correspondent is perfectly right when he says we should deprecate any legislation which dictated to a surgeon what anæsthetic he should employ. Every surgeon ought to be a fit judge of the matter, and should, we unhesitatingly assert, select ether for his routine anæsthetic, falling back upon the A. C. E., or some mixture containing chloroform when ether is contra-indicated. We cannot create a prejudice against chloroform, for that agent has already abundantly prejudiced most persons by its dangers. Education in anæsthetics will do much to lessen the death-rate, but, as we pointed out, chloroform deaths have occurred in the hands of the most expert—e.g., Snow, Clover, &c.,—and in cases where no question of overdosing could have arisen. Mr. Foy says: "We do not condemn opium when an overdose is prescribed"; but, we may indicate, we *do* condemn opium in forms of renal disease, and avoid its use. The moral points itself: let chloroform be condemned in all cases where the consensus of experience has shown that a safer anæsthetic can be given.—ED. L.

DEATH UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—Anent the recently and oft-repeated statement of the "safety of chloroform as an anæsthetic," I have the misfortune to place on record an additional fatal case, and this after an experience of nearly twenty years of hospital and general practice and an attendance at several thousand administrations.

The particulars of the case are as follows. The patient, a youth of fifteen years, the subject of phimosis, and on whom circumcision was about to be performed, was, to all appearances, in good health. The stethoscope revealing no contra-indication to the administration of chloroform, the patient having been carefully prepared for the operation, and there being at hand a hypodermic syringe charged with ether and also a bottle containing nitrite of amyl, the anæsthetic was commenced on a Skinner's inhaler. The administration proceeded satisfactorily for fully fourteen minutes, two drachms of chloroform having been used, when, the patient slowly showing signs of anæsthesia, I substituted the A.C.E. mixture; my reason for so doing was that I did not perceive any increase in the pulse. The administration of this mixture for five minutes (nineteen minutes in all) sufficed to ensure sufficient anæsthesia for the commencement of the operation, and, to my surprise, on the first touch of the knife the patient exhibited what I thought were signs of pain—viz., raising both his hands as if about to interfere with the operator. Having taken the conjunctiva as my test, and not wishing to push the anæsthetic before assuring myself of its absolute necessity, I again resorted to that test, to find that it was still anæsthetic, and that the pupil was dilating to an extraordinary extent. The face during this short space of time became congested, and the upper extremities were in a state of clonic spasm, of little amplitude (more after