

Letters to the Editors

follows in every respect that carried out by Sir W. Arbuthnot Lane in the fixation (plating) of fractures by the open method, and those who have seen him operate in such cases will fully appreciate what I mean. However, as the method I carry out on closure of the post-auricular wound is entirely different from anything I saw in Europe last year, I trust it will not be looked upon as presumption on my part if I detail it.

The whole thickness of the lips of the wound is approximated by two on end or vertical mattress sutures of silkworm-gut, taken out of hot saline (needle and suture being sterilised together). I mention particularly that the wound is only approximated, in many cases the lips being left apart 1 to 2 mm., while the accurate adjustment of the skin is carried out with the Michel's clips or Herff's metallic sutures.

I am aware that Mr Tilley's modified method has not become general either in England or America, but having once given it a fair trial, no one would consider carrying out any other.

Many modifications have appeared recently, such as removing the tube or other drainage in twenty-four or forty-eight hours, followed by hot applications; but if heat is considered necessary in any aural condition either before or after operation, there is nothing to compare with dry heat from electric light enclosed in a box sufficiently large to contain the patient's head and face while the eyes are protected with asbestos pads.

In conclusion, it is self-evident from the results of my 300 cases that all Mr Tilley claims for his method has been fully justified.

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JOHANNESBURG.

THE EDITORS,

The Journal of Laryngology.

SIRS,—I am impelled, by the perusal of the Abstract on Cocaine Poisoning in the issue of the *Journal* of last November, to place on record the following occurrence. It will "point a moral" as well as "adorn a tale."

In an annexe to the operating theatre, an assistant was preparing a woman for the removal of tonsils under local anæsthesia. By mischance he injected, instead of the usual $\frac{1}{2}$ or 1 per cent. solution of cocaine, a 20 per cent. solution with adrenalin. In two minutes the woman collapsed and he recognised his mistake. He called to me and I said, "put her on the table." The tonsils were immediately enucleated by the dissection method and the throat mopped. At the same time the house-surgeon was requested to ask Professor Stockman, who was in the hospital, to come. This he did at once. Hot bottles were placed around the patient. Respiration had ceased but the

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pulse was good. The face was livid: the pupils were dilated but not widely. Immediately she was placed on the table she had a convulsive attack, assuming a position of opisthotonus. As Dr Stockman entered the theatre he ordered artificial respiration and hypodermic injection of ether. The pulse gradually failed, and in half an hour it became imperceptible, and the heart sounds could no longer be heard. During this time the epileptiform attacks recurred. I then suggested that the artificial respiration should be continued with oxygen. To this Dr Stockman agreed. After another twenty minutes or so voluntary breathing was gradually re-established and the pulse could again be felt. The patient was carefully watched, oxygen being administered at intervals. She had one or two more epileptiform attacks. In about three hours consciousness returned. The next day she was drowsy, but on the following day she had practically recovered. She made an uneventful and complete recovery.

I have no doubt that the artificial respiration saved her life, and probably the oxygen contributed in large degree. The immediate enucleation of the tonsils released some of the cocaine which remained in the tissues. It was computed that the equivalent of 24 grains of cocaine was injected.

W. S. SYME.

GLASGOW.

OBITUARY

GEORGE NIXON BIGGS, M.B., B.S. (Durham),
Lieut.-Col. R.A.M.C. (T.); Lieut.-Col. R.A.F.

Surgeon to the Ear, Nose, and Throat Department, Seaman's Hospital, Greenwich, and Surgeon-in-Charge of the Ear and Throat Department, Royal Waterloo Hospital for Women and Children.

It is with deep regret that we record the death of George Nixon Biggs, M.B., B.S., which occurred on 10th November at the early age of forty-one, after a protracted and distressing illness following an operation for appendicitis.

By his death British Laryngology and Otology have lost one of their most energetic sons, and the medical world has been deprived of a man of exceptional ability. Nixon Biggs was born on 28th March 1881, the only son of M. G. Biggs, M.D., for many years a Member of the Council of the British Medical Association and Chairman of the Central Ethical Committee. Nixon Biggs was educated at Westminster School. He began his medical studies at St Thomas's Hospital, later spending a year at Durham University, where he took the degree of M.B., B.S. Starting his career as a Laryngologist and Aural Surgeon, he held successively the appointments of House-Surgeon