

perhaps, found too many advocates amongst us, the publication of his results will doubtless interest all practical surgeons.

The case in question is that of a man aged forty-five who sustained a severe injury to his right foot by the wheel of a locomotive. The soft parts were extensively lacerated, and the phalanges and the metatarsal and tarsal bones were comminuted; even the calcaneus itself was fractured transversely near the cuboid articulation. By the violent traction of the wheel-flange the tissues divided at the operation were found more or less contused and strained, and the plantaris tendon and a portion of the deep fascia on the inner aspect of the leg were so much damaged as to be ultimately cast off by sloughing. I therefore brought the case forward to show that, notwithstanding these injuries, the patient had recovered with a useful limb, capable of bearing the weight of the body, with less than half an inch of shortening, and complete bony union at the end of three months.

Now, Sir, in a given case, assuming the tissues in the line of amputation to be sound, or, if injured, within the pale of recovery, I believe that Pirogoff's operation for obvious reasons is as far preferable to Syme's as the latter is to amputation through the leg; and upon the same principle we must also admit that Chopart's operation is superior to Pirogoff's. But in practice we sometimes find, particularly if the healing process has been tardy, that the extensors of the foot primarily, and the abductors secondarily (for the new attachments of the latter have time to contract and consolidate), take advantage of the severed flexors and adductors, and so elongate and tend to weaken the medium of their new insertion, constituting a form of false talipes equina valgus (partial or complete), which necessitates further surgical attention. Thus for a time locomotion is rendered imperfect when compared with the more speedy results of Pirogoff's operation; and here, without binding myself to any special operation, I think Mr. Craddock's preference deserves consideration.

In regard to Pirogoff's operation, two points are essential to the best results. 1. The accurate adjustment of the bone surfaces. 2. Their retention *in situ*. And I would just remark that the gastrocnemius muscle is of signal service as a retaining power behind, whilst in front we substitute an extensor more powerful than its antagonist. But supposing we fail to obtain osseous union, and the ligamentous medium permits the calcaneus to occupy its original position, I doubt whether Syme's operation offers so serviceable a limb; certainly one of the best results after Pirogoff's operation was in a case of this kind, which I had the opportunity of examining eight years after amputation.

We must not, however, forget that there are several lesions of the calcaneus and its covering which contraindicate Pirogoff's operation, and here Syme's amputation comes to our aid as the best surgical procedure.

The importance of the subject under discussion must be my apology for the length of this letter.

I am, Sir, your obedient servant,  
Guildford-street, April 4th, 1871. JOHN D. HILL, F.R.C.S.

## POOR RELIEF IN THE METROPOLIS.

To the Editor of THE LANCET.

SIR,—Will you permit me through your columns to inform the profession that Mr. W. H. Smith's notice of motion to refer the consideration of poor relief in the metropolis to a Royal Commission, adjourned by the transfer of Mr. Goschen to the Admiralty, will come on for discussion on Friday, May 5th; and as it is most desirable, in the interests of the Poor-law medical service, that this motion should be acceded to, I do hope that Poor-law medical officers will not fail to press on such M.P.s as they may know, the desirability of supporting this gentleman's proposition. I would further point out to provincial medical men that, whilst the terms of Mr. Smith's motion limit the inquiry to the metropolis, Mr. Fawcett has given notice of his intention to move an amendment to the effect that the contemplated inquiry should be extended to the whole of the country.

That this motion &c. will be opposed, and that, too, determinedly, by all those who can be influenced by the sophistries of the officials at Gwydyr House may safely be

calculated on; it therefore behoves all those members of the profession who are interested in a humane and economic treatment of the sick and other poor, to use that wide-spread political influence which they undoubtedly possess in support of both these propositions.

I am, Sir, your obedient servant,  
Dean-street, Soho, April 12th, 1871. JOSEPH ROGERS.

## Obituary.

### DR. FELIX VON NIEMEYER.

It is with much regret that we learn the death of Dr. Felix von Niemeyer, the author of the well-known "Text-book of Practical Medicine" and of a series of Clinical Lectures on Pulmonary Consumption that have been translated by the New Sydenham Society. Dr. Felix von Niemeyer was Director of the Medical Clinique and Professor of Clinical Medicine in the University of Tübingen. On the outbreak of the recent Franco-Prussian war, he undertook the direction of a field ambulance, and contracted typhoid fever, of which, unhappily for the profession and medical science, he died recently at Nancy while in the discharge of his duties with the ambulance. He was a man of considerable learning, and of no little professional eminence as a clinical teacher. Although von Niemeyer's book was, perhaps, regarded in Germany as a good and well-arranged compilation rather than as a very thoughtful and critical exposition of practical medicine, its author was evidently not deficient in originality and intellectual grasp, as the readers of THE LANCET will know from the influence which his views in regard to the relation between hæmoptysis and phthisis have exerted in this country and elsewhere. His death will be regarded as a great loss not to the Tübingen School alone. Like so many of his countrymen during the late horrid war, he fell a victim to his sense of duty while at his work.

### JAMES HENDERSON, M.D.,

INSPECTOR-GENERAL OF HOSPITALS TO THE BRITISH ARMY.

THIS officer, who, since his retirement from the service in 1859, has chiefly resided at Jersey, where he died on the 23rd ultimo, had a long and distinguished service as an army surgeon. Born in Glasgow in 1789, he received his early education at the grammar school, and afterwards studied at the University both in arts and medicine. In 1809 he obtained the diploma of the Faculty of Physicians and Surgeons, when, as part of his examination, he wrote a thesis on Injuries of the Head, and some years afterwards he graduated in medicine at the University. On August 4th, 1809, he entered the army as assistant-surgeon. He was at the capture of Guadaloupe, in 1810, for which he received a medal and clasp. He afterwards served in the campaign of 1813-1815 in Lower Canada as acting-surgeon of the 13th Regiment, and was present at the two attacks on Plattsburg. He was in medical charge of the 13th and 14th Regiments through the whole of the first Burmese war, under Sir Archibald Campbell, and was at the storming and capture of Cheduba, the attack and capture of Donabu, Melloon, and Poghmmew, for which he received a medal and clasp. In 1834 he was present at the capture of Coorg, as surgeon to the 48th Regiment, and was senior medical officer of the successful column under General Fowles, for which he got another medal. In 1842 he served in Afghanistan as surgeon of the 3rd Light Dragoons, and was present at the forcing of the Khyber Pass, the storming of the heights of Juddulluck, the actions of Tezeen, and Kufktotul, and the occupation of Cabool—medal and clasp. In 1848-9 he served in the Punjab with the 3rd Light Dragoons, was present in the affair of Ramnugger, the battles of Sadoulapore, Chillianwallah, and Goozerat—medal and two clasps. He afterwards served as staff-surgeon of the first class at Corfu and other places. In 1859 he was reluctantly forced to retire, having attained the age at which retirement is imperative in the medical department of the army. He was promoted to the rank of