He was a capable sketcher and pastel painter, and some of his portraits of his father, mother, and friends are shown. Striking models illustrate the preparation of antisera in laboratories in France's Oriental possessions, and enlarged photographs and display panels show graphically the significance of his discoveries of micro-organisms and immunity factors. The Wellcome Museum exhibit includes crystals and diagrams showing the foundations of stereochemistry which Pasteur laid. Much of his original apparatus is on view, together with some of his personal possessions.

[Sir Alexander Fleming's inaugural lecture on Pasteur appears in the opening pages of this week's *Journal*.]

Correspondence

Treatment of Post-operative Pulmonary Atelectasis

SIR,—In his letter (April 5, p. 468) Dr. M. H. Armstrong Davison speaks of "bronchoscopic aspiration, which, all observers agree, is the ideal method of treatment, and which should be undertaken as soon as signs of atelectasis appear, . . ." I cannot agree with this remark, for if generally accepted it would lead to many unnecessary bronchoscopies and would serve to encourage the neglect of the various simple procedures which are quite effective in most cases.

I fully agree with Dr. Davison that atelectasis is the commonest post-operative chest complication. Its incidence depends, however, on many factors working together, before, during, and after the operation, and culminating in retention of sputum in the bronchi. Our efforts should be directed to preventing this occurring, or minimizing its effects, in addition to the treatment of the established condition; it is not enough to rely upon some one trick or other, in which category, incidentally, falls the method described in your annotation as a "new" treatment. I have always resisted the attempts to put bronchoscopic suction in a prominent place in treatment because the careless or inexperienced will thereby be encouraged to take no steps to prevent sputum retention or to establish bronchial drainage by simpler postural means. I am often asked to bronchoscope patients with atelectasis after abdominal operations in whom not the slightest attempt has been made to relieve the condition by the simple change of posture (lying flat on the side two or three times a day) and encouragement to cough. I find bronchoscopic suction is but seldom needed in these cases, although it is of the greatest value after many operations upon the thorax. The use of postural coughing and other simple measures is mentioned in only the three last lines of Dr. Davison's letter and as having their place. They form the bed-rock of management. Moreover, although in expert hands bronchoscopic suction is no great burden and is effective, in unskilled hands and when the patient is a child or of a difficult build it may be far from a simple procedure or a light burden.

The method of injecting water through the wall of the trachea is an unnecessarily unpleasant way to provoke coughing. If it is desired to start a fit of coughing by the irritation of water in the trachea, why not use the large hole provided by Nature—that is, the laryngeal aperture—instead of puncturing the trachea? A curved laryngeal cannula would be just as effective.—I am, etc.,

London, W.1.

R. C. BROCK.

Orbitotomy

SIR,—Mr. H. B. Stallard's article (March 29, p. 408) favouring the more generalized use of the Krönlein operation, rather than the transfrontal route advocated by the late Dr. Walter Dandy, must appeal to those interested in the surgery of the orbit. Although Dandy's justification is not to be accepted without comment, for it was based on an assumption that clinical investigation precluded recognition of the true distribution of a lesion, there is much to be said in favour of the approach, or possibly some modification of it. Nevertheless, Stallard's proposal calls for some further consideration.

Stallard maintains that the aesthetic result of the Krönlein operation is not that ugly scar ordinarily supposed. From time to time it is my privilege to see cases in which the lateral

approach to the orbit has been carried out by highly reputable ophthalmic surgeons: my usual experience of the result is that much is to be desired, in so far as the final appearance is concerned.

An approach based on modification of both methods seems to offer much. In fact for the last two years I have operated through the scalp incision of Dandy's procedure, but have avoided the reflection of an osteoplastic flap. The scalp having been reflected, the temporal muscle is turned down from the crest. A perforation is made from the temporal fossa into the orbit and the defect extended by means of nibbling forceps, to produce a combined cavity consisting, if necessary, of the orbit, the middle fossa, and the anterior fossa. By such means a very extensive decompression is permitted. This operation has been found applicable to all forms of orbital exploration; more especially is it of value for the extensive relief it affords in a case of exophthalmic ophthalmoplegia.

As one may appreciate from the operative sketches, the somewhat facetious designation of the exposure as the "pawnbroker" operation will appear appropriate. I am indebted to Dr. S. L. S. Schwarzwald for the drawings.—I am, etc.,

London, W.C.1.

HARVEY JACKSON.

The Revolution in Anaesthesia

SIR,—Times have changed, but still how often does this occur? A patient made stuporous with scopolamine and "omnupon" is brought to the anaesthetic room, and after his throat has been sprayed with a solution of cocaine he is rendered completely unconscious by means of an intravenous barbiturate. The next few minutes disclose a scene of bustling activity. An endotracheal tube is inserted and this tube or the patient's face is attached firmly to that particular form of anaesthetic apparatus favoured by the anaesthetist: cyclopropane is next administered, and the patient, barely breathing, but still indissolubly linked to the machine, is taken into the operating theatre. A short time elapses till the surgeon compliments the anaesthetist on the quiet relaxed operation field; an audible sigh of relief is heard. If on the other hand the