Society, and which is fully reported in THE LANCET of March 14th. The condition of the muscular system, as to relaxation, is also sometimes useful. An anæsthetist who relies on all these sources for information will sometimes be able to continue an administration of chloroform when, if he relied upon the respiration solely, he would feel bound to discontinue it. I have on several occasions had the greatest difficulty in satisfying myself that respiration was in progress at all, especially in connexion with some operations upon the skull for depressed fracture or other condition in which the functions of the brain were greatly impaired, and have found the pulse most valuable as a guide in such cases, justifying me in supplying sufficient chloroform to prevent reflex movements of the patient occurring. As long as respiration is unimpaired and there is no cyanosis it may not be necessary to go further for information, but early in the progress of administration the breathing may be accompanied by stertorous noises—not true stertor,—the pupils be dilated or the corneal reflex abolished, and yet the anæsthesia may not be sufficient for operation, and in such circumstances the pulse will be found quick perhaps, and not the slow pulse of complete chloroform anæsthesia. When an operation has been some time in progress the respiration may still be good while the patient may have the appearance of extreme exhaustion, and the pulse will then enable the anæsthetist to judge whether it is necessary to hurry or close the operation, or whether stimulants are imperatively called for. Shallow respiration is not uncommon and, when the respiration only is relied upon, dangerously misleading, often when not appreciated giving rise to sudden and alarming symptoms. In practice each of the guides mentioned is of great service, and without them operators would often be disturbed, and sometimes unnecessarily prevented from completing their operations. The following case throws great light upon the effect of chloroform upon the heart and respiration.

In January, 1891, J. B.—, aged fifty-one years, came into the theatre for radical cure of hernia, and it was my intention to give him chloroform; but on seeing him, as his appearance presented venous congestion, I gave him ether. After about a quarter of an hour of the operation there was so much saliva and mucus excited by the ether that it was impossible to keep the patient properly under, and I therefore changed to chloroform, which I administered with extra care, for the reason already stated—i.e., in addition to simply satisfying myself that the respiration was good, I proceeded with the sprinkled lint lying on the separated fingers of my right hand in front of the mouth, which enables one to feel the force of expiration; with my left middle finger on the left temporal pulse and my left thumb holding up the left upper lid of the patient, and testing the corneal reflex when necessary, watching the respiratory movements of the abdomen (which was exposed), the complexion of the face, and the pupil of the eye. After about half an hour I suddenly missed the temporal pulse, and found it was also absent from the wrist, notwithstanding that the respiration continued. After a few moments the pulse returned, and the pharyngeal reflex being present I gave two teaspoonfuls of brandy in small quantities, which were swallowed. Then continuing the chloroform, guardedly as before, after twenty minutes the pulse ceased again, and I asked the nurse to give an enema of half an ounce of brandy with water, called the attention of those around to the absence of pulse and the continuance of respiration, which they observed before the respiration ceased, when a little artificial respiration soon so far restored the patient that the operation was continued and completed in another twenty minutes. During this latter time a very little chloroform only was given when the patient had so far recovered as to call out loudly. The patient afterwards told me he felt nothing of the operation. This patient's heart was, so far as could be ascertained, practically sound. Here then was an operation taking place under chloroform, during which the pulse of the patient undoubtedly failed before the respiration on two occasions, the pulse recovering on the first without cessation of respiration, and the respiration failing on the second occasion some seconds after the pulse, and while it was still not to be felt.

I have endeavoured to show in this letter the importance of the pulse as a guide to the anæsthetist, under some circumstances, during chloroform administration; and it is not my intention to express an opinion as to which of the

two, the respiration or the circulation, invariably ceases first in death from chloroform, believing, as I do, that it is sometimes one and sometimes the other.

I am, Sirs, yours faithfully,

RICKARD W. LLOYD.

Russell road, Kensington, W., March 15th, 1891.

THE TREATMENT OF CHRONIC INFLAMMATION OF THE UTERINE APPENDAGES.

To the Editors of THE LANCET.

SIRS,—The question whether the majority or minority of inflammatory lumps in the pelvis tend to spontaneous cure is one as to which each person who has opportunity must form his own judgment. An investigation in the way proposed by Mr. Tait would not further our knowledge. If, as I expect would happen, there proved to be little difference of opinion, in particular cases, between Mr. Tait and some one of an opposite view as to the general question (I do not know who appointed me the representative of such), it would still be possible for anyone who operated frequently to say that there was some exceptional cause which brought to him a large number of incurable cases; and, as Mr. Tait has clearly foreseen, it would still be open to malevolent critics to say that the surgeon's opinion as to the course without operation would be less favourable in cases in which he would be the operator than in those not under his own care. I need scarcely say that the London Hospital is a public institution, and if Mr. Tait likes to visit it, I shall be very glad to have the benefit of his opinion and advice; but I hardly think that, from his point of view, he will find the advantage commensurate with the trouble. I believe, if he will pardon my saying so, that he would do more to convince the profession if he would add to his great services to medical science by publishing more detailed and exact reports of his own cases. So far as I am concerned, this correspondence is now at an end.

I am, Sirs, yours faithfully,

Harley-street, March 24th, 1891.

G. ERNEST HERMAN.

FACTORY SURGEONS.

To the Editors of THE LANCET.

SIRS,—In Clause 19 of his Factory Bill Mr. Matthews proposes to abolish the office of certifying factory surgeon, and if our services are to be retained an immediate and united effort must be made by certifying surgeons everywhere throughout the country. An appeal has been made by the Association of Certifying Surgeons, and circulars have been sent to hundreds of certifying surgeons asking them to send to the secretary of the association a list of rejections made by them in their various factories. And with what result? Although there are nearly 1200 certifying surgeons in the country, yet only thirty-seven have taken the trouble to send lists of rejections. This carelessness is disheartening when we consider how our opponents are using every possible means for our extinction. If our office is abolished it will certainly be in a great measure due to the apathy of the mass of certifying surgeons themselves. The Standing Committee who have the Bill in hand do not meet again till April 9th, so there is still time for useful action. I would urge all certifying surgeons to do two things—(1) send at once to the secretary of the Association (Dr. Holmes, Ouselhurst, Radcliffe, near Manchester) a list of cases rejected during the past five years, and (2) to bring all the pressure they can to bear on members of Parliament to oppose Clause 19 of the Factory and Workshops Bill.

I am, Sirs, yours faithfully,

JOHN BARR, M.B.,

Rishton, Blackburn, March 24th, 1891.

Certifying Surgeon.

"DIPHTHERIA IN ESHER."

To the Editors of THE LANCET.

SIRS,—It is quite true that this hitherto healthy village has for some months been suffering from diphtheria. I attribute the outbreak entirely to the foul smells emanating from the man-holes and interceptors of the new main drains, which have been insufficiently flushed. This sewer was put into use last summer. Up to that time diphtheria

was unknown here. We had a great many mild cases last autumn. The first severe cases took place in September in a gentleman's well-ventilated house situated between two man-holes, which gave out abominable odours. The mother, five children, and governess took the disease; one child died. They had no connexion with the village school. Since then the epidemic has been more severe, and I have lost four other children in my practice. These were in families in which some of the children attended the National Schools. I do not think the fault lies in the sanitary state of the schools, but that children having incipient diphtheria communicated it to the other scholars and the mistresses. The school is now shut up, and most of the foul interceptors (so called) closed, so I hope we may see an end of this distressing epidemic. The fault has been in using the sewer before there were sufficient flushing tanks.

I am, Sirs, yours faithfully,
Esher, March 30th, 1891.

CHARLES W. IZOD.

HOSPITAL REFORM.

To the Editors of THE LANCET.

SIRS,—After the perusal of your leading article of March 7th, in which you support the conclusions of the Birmingham Committee on Hospital Reform, it was a little strange to find reported in the same number Mr. Barker's assertion that "complaints against out-patient departments come from a very undesirable fringe of the profession." I must confess to belonging to this abused fringe, which, though "very undesirable," must be considered ornamental, as it includes THE LANCET and a not inconsiderable portion of the profession. But I venture to think that Conclusions IV. and V. of the committee referred to call for the special attention and criticism of the profession. The necessity for medical reform may be obvious to most of us, but it is as necessary in the dispensary as in the hospital. It will be a grave pity if, in curing hospital abuses, we increase those of the dispensary. It is a fact that many dispensaries make very free use of hospitals without subscribing a halfpenny towards their expenses. I know of one provident dispensary the boasted success of which is fairly attributable to such practices. This institution has over 20,000 members, and its scope is not limited by any wage limit system. It may be reasonable for the dispensary doctor to send his cases of strangulated hernia and other awkward ailments into the hospital. It is certainly convenient. But some acknowledgment should be made for the accommodation afforded. It does not seem fair that the hospital should have to treat gratuitously a number of the most serious dispensary cases, from whom the dispensary has been receiving premiums, for assurance against illness, for a number of years. Of course, if we can secure joint action of hospitals and dispensaries with an agency for investigation into the circumstances of both classes of patients, we may put a check upon abuses; but experience should warn us that dispensary managements are apt to attempt too much. Becoming greedy for a financial success, they commence touting for patients, repudiate the wage limit system, and help to turn the noblest of professions into the most miserable of trades. Under such circumstances the dispensary, as I have tried to show elsewhere, is, even to the public, a curse rather than a blessing. To the self-respecting general practitioner who holds to the old traditions of medical etiquette it is an unscrupulous opponent. Bound by no traditions, with the conscience of a committee, it employs agents, scatters advertisements broadcast, and invites all men to purchase physical salvation for 1*l.* per week. Small wonder if some of the poorer members of our profession follow its example. They have not the ghost of a chance in competitions with such an institution. It behoves us then, before attempting to relieve the congestion of the out-patient department at the hospital by means of a new system of dispensaries, to take security that such a system will be conducted upon equitable principles, and to insist upon the adoption of a reasonable wage limit.

I am, Sirs, your obedient servant,
March 18th, 1891. F.R.C.S.

ARREST OF SYMPTOMS IN GENERAL PARALYSIS.

To the Editors of THE LANCET.

SIRS,—I was much interested in Dr. Adam's letter in THE LANCET of last week on "The Arrest of Symptoms in General Paralysis," as I have recently had two cases under

my care which exemplify his remarks. Probably it would be better to use the term "remission" rather than "arrest," as, if the cases are those of general paralysis, the disease is almost certain to reappear.

Dr. Julius Mickle, in his well-known work on this disease, points out that Sauze considers that there are three classes of remissions. The first, in which there is remission of mental and motor symptoms simultaneously; the second, in which the remission pertains to mental symptoms only; and the third, and by far the rarest, in which the motor symptoms subside, with no mental improvement. My first case—which on admission I took to be one of general paralysis, but, after more careful examination of symptoms and history, I marked down as one of those peculiar cases of alcoholic mania resembling in almost all respects general paralysis—got so far well that he was discharged as recovered after a stay of six months. Both mental and motor symptoms had apparently quite subsided. However, my original diagnosis was confirmed, for he came under my care again nine months after his discharge with definite symptoms of general paralysis, and one severe fit of an epileptiform character, and rapidly passing into apoplexy, the disease caused the end of his life four months after his readmission.

In the other case there was a *quasi*-remission of both mental and motor symptoms, and though we knew he still had some grandiose delusions, yet he was able to control them to such an extent that no one talking to him for hours together upon general topics would have found anything wrong with his intellectual powers; and his motor symptoms had much improved. The almost inevitable relapse has taken place, and one single fit has left him paralysed in his lower extremities. Baillarger considers that remissions are more general when the disease commences with an acute maniacal attack, but Dr. Mickle explains this on the hypothesis that the various forms of simple insanity often complicate general paralysis at its onset, of which form mania is the one most likely to terminate in recovery. To my mind, these remissions, unless rightly diagnosed as such, are a grave source of danger to the family of the patient. We discharge such a case, and probably a gradual relapse takes place, and before the relapse is realised, and steps can be taken to place the case under proper control, instead of "putting his house in order," as Dr. Adam implies he may do, he lands his family in hopeless ruin by his extravagance, if even he does not do more, and commit some terrible crime.—I am, Sirs, yours faithfully,

Bath, March 29th, 1891. LIONEL A. WEATHERLY, M.D.

QUARANTINE AT NEW YORK.

To the Editors of THE LANCET.

SIRS,—Several Sicilians, all healthy, and coming from uninfected districts, took ship at Palermo for New York on Jan. 11th. Those who required it underwent vaccination with calf lymph. One man, vaccinated on the 22nd or 23rd, I detected on the 30th with a suspicious vesico-pustular eruption here and there, slightly umbilicated on arms, face, back, and abdomen; none on mucous membrane of mouth, throat, or conjunctivæ. This eruption commenced on the 26th on the arms as vesicles. He had had no vomiting or pain in the back, only a slight headache, and ate well. He had three large unusually well-marked vaccination vesicles on the right arm. Seeing that the incubation period of small-pox had been passed while at sea, that none of the other Sicilians or his immediate steerage neighbours were ill, and well weighing the above facts, I put the case down in my official log as one of vaccinia, together with my reasons. On arrival at New York on Feb. 8th the case was taken ashore, brought back, taken ashore again, experts and inspectors from the city called in, and this dilly-dallying went on for four days. It was decided to be a case of small-pox. Those immigrants vaccinated by me were allowed to land, the rest, all of whom showed scars resulting from a vaccination within eight years, were transferred to Hoffman Island for fourteen days. But by this date (Feb. 11th) seventeen days had elapsed since the man's eruption had appeared (Jan. 26th), and still not a single case of small-pox had occurred, the five men who slept around him being in perfect health. During the inspection I picked out two somewhat similar vaccinated cases, a boy and a woman, that had twice passed unnoticed by the official deputy, who, however, deemed them of sufficient importance to take ashore. The boy's case was stated to be due to vermin, but neither