fever exceeded the number in any recent week, and included 5 in Glasgow. The 3 fatal cases of diphtheria were recorded in Edinburgh. The deaths referred to diseases of the respiratory organs in these towns, which had declined in the preceding five weeks from 143 to 73, rose to 80 last week, and slightly exceeded the number in the corresponding week of last year. The causes of 35, or nearly 8 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had declined in the preceding three weeks from 21.1 to 16.4 per 1000, rose again to 21.2 during the week ending July 25th. During the past three weeks of the current quarter the death-rate in the city averaged 18.8 per 1000, the rate for the same period being 17.3 in London and 16.1 in Edinburgh. The 145 deaths in Dublin during the week under notice showed an increase of 33 upon the number in the preceding week, and included 3 which were referred to whooping-cough, 3 to "fever," 3 to diarrhoea, and not one either to small-pox, scarlet fever, or diphtheria. In all, 9 deaths resulted from these principal zymotic diseases, equal to an annual rate of 1.3 per 1000, the zymotic death-rate during the same period being 3.2 in London and 1.8 in Edinburgh. The 3 fatal cases of whooping-cough corresponded with the number in each of the preceding two weeks. The deaths referred to different forms of "fever," which had been 3 and 0 in the previous two weeks, were 3 last week. The 145 deaths in Dublin last week included 25 of infants under one year of age, and 39 of persons aged upwards of sixty years; the deaths both of infants and of elderly persons exceeded those recorded in any recent week. Four deaths from violence, but no inquests were registered during the week, and 44, or nearly one-third, of the deaths occurred in public institutions. The causes of 12, or more than 8 per cent., of the deaths in the city were not certified.

Correspondence.

"Audi alteram partem."

BRITISH INSTITUTE OF PREVENTIVE MEDICINE.

To the Editors of THE LANCET.

SIRS,—It will be within your recollection that on May 12th, 1891, the President of the Board of Trade, without giving any reason for his decision, refused to register the British Institute of Preventive Medicine as a limited liability company with the omission of the word "limited." In consequence of this refusal, I, as chairman of the executive committee of the British Institute of Preventive Medicine, wrote a letter which was printed in your columns, asking the medical profession to help the Committee in their struggle against prejudice and ignorance. As the result of the influential deputation which supported us on June 5th, Sir Michael Hicks-Beach consented to reconsider his decision, and I am glad to be able to inform you that he has now granted the required licence. I take this opportunity of conveying through you our best thanks to all those who supported us on this important occasion.

I remain, Sirs, your obedient servant,
Park-crescent, W., July 28th, 1891. JOSEPH LISTER.

TELEPHONIC COMMUNICATION BETWEEN THE HOSPITALS IN LONDON.

To the Editors of THE LANCET.

SIRS,—As it frequently happens that an accident or emergency case is brought to one of the large London hospitals and cannot be admitted by reason of all beds being full or partial closure of that hospital, it seems to me that some better method of hospital inter-communication than now exists should be established, so that a patient may be spared the danger, anxiety, and uncertainty of a second fruitless visit to another hospital. On July 16th, 1891, a boy broke his leg in St. James's-park, and was carried by a workman to Westminster Hospital. Our house

surgeon was unable to admit the boy then into the hospital, because many of the surgical wards are now closed for necessary repairs, and all the beds were occupied. In order that the boy's simple fracture should not become a compound one, our house surgeon applied an outside and inside splint, and recommended him to be taken to St Thomas's Hospital. From the fact of the boy's parents living next the Strand, he was taken in a 'bus to Charing-cross Hospital. The residents declined to admit the boy there, stating that he had been attended to first at Westminster. From Charing-cross the boy was taken in a cab to King's College Hospital; there were no beds here, so the boy was taken away and slept the night at home. On July 17th the boy was again brought to Westminster Hospital. After narrating his adventurous travel, he was placed on a sofa during the time that a bed was prepared for him (by the dismissal of another patient). All this and similar future inconvenience could be obviated by the adoption of telephonic communication between hospitals; the occasion for converse is frequent and various. Metropolitan hospitals are more isolated even than the London termini; each hospital is but a part of a comprehensive whole, and should be allied with others in giving effect to deeds of charity, thus representing identical and not competitive interests. The adoption of such a catholic link would yet further extend the coöperation of charitable effort and enhance the good service of the members of our profession in the eyes of the deserving poor and the general public.—I am, Sirs, your obedient servant,

RICHARD DAVY,
Surgeon to the Westminster Hospital.
Welbeck-street, W., July 27th, 1891.

AN EPIDEMIC OF ECZEMA.

To the Editors of THE LANCET.

SIRS,—It has always been customary to regard eczema as a non-contagious disease due to some constitutional condition developed within the patient, but at the present time there is in the Paddington Infirmary, and the sick wards of the workhouse adjacent, what seems to be an epidemic of eczema, or some disease which in its appearance and symptoms bears a very strong resemblance to that eruption.

There are at the present time 192 patients in the Infirmary, and 203 in the sick wards of the workhouse, and of these, 17 (8 per cent.) and 45 (23 per cent.) respectively have become affected by the disease, all within a few days of each other, many of them never having had an attack in their lives before, and exhibiting neither gout, heredity, nor any of the causes usually regarded as predisposing to the disease. In all, the eruption presents the typical appearance of vesicular eczema, and selects as starting points the parts usually chosen by it; but in many cases it has very rapidly affected the whole body like an acute general eczema. In a few it remains localised to the parts first involved. The attack seems to follow a more or less definite progress: onset somewhat abrupt, intense burning and itching, exudation not excessive, terminating in extensive exfoliation; course lasting about three or four weeks, progress wholly unaltered by any kind of treatment, very slight rise of temperature, and no constitutional signs beyond prostration. There is, occurring at the same time, a similar epidemic of this eczematous disease in the neighbouring infirmary of St. Marylebone, and I am informed by my friend Mr. Lunn, the medical superintendent, that they had a very similar epidemic about the same time last year. As to its cause, I have been wholly unsuccessful in my search up to the present time. In reference to predisposition, twice as many males are affected as females, and most of the sufferers are advanced in life. But, then, a very large proportion of the patients are advanced in years. The disease is not confined to any ward, nor even to one building, so that it cannot be due to any strictly local cause. Scabies is excluded by the same fact, also by the absence of the characteristic burrows, and by the disease often starting symmetrically on covered parts. Soap has been suggested, but the same soap has been in use for a long while, and the disease occurs in different buildings supplied with different soaps. Water is more possible, but the same arguments render it unlikely. As to diet, there is scarcely an article of food which all these patients have had in common except milk. I cannot help thinking that it must be some epidemic influence, or some

specific organism, and am now engaged in making cultures from the exudation. In the meantime I have ventured to trespass on your valuable space to ask for aid in the explanation of what seems to be a most unusual and unexpected occurrence, and to ask if similar outbreaks are occurring or have occurred elsewhere. I may add that the cases have been seen by several other medical men, all of whom concur in the opinion that it is neither impetigo contagiosa nor any other disease, but true vesicular eczema.

I am, Sirs, yours truly,

THOS. SAVILL, M.D.,

July 27th, 1891. Medical Superintendent, Paddington Infirmary, W.

"JOHN HUNTER'S HEIGHT."

To the Editors of THE LANCET.

SIRS,—Many of your readers must have been somewhat surprised to learn from Mr. Bailey's letter in your last issue that John Hunter was only 5ft. 2in. in height. It is, however, made very evident, I think, by the famous portrait by Sir Joshua Reynolds that Hunter was a small man. Mr. Bailey has since told me that he carefully examined the picture in the light of his discovery, and that to him—whether it was because he saw what he wanted to see he could not say—the portrait seemed that of a man under the average size. On hearing this, I had a fresh look at the picture, and the immediate impression made upon my own mind was certainly the same. I should say that it represents not merely a short, but a small man, for a man may be short without being little. Judging from it, I imagine Hunter to have been small-boned and slender, weighing about 9st., or, if anything, less, and with a head proportionate in size to the body, and therefore below the average. The portrait of his brother William, hanging in the same room, appears also to be that of a small man.

I am, Sirs, yours faithfully,

HARRY CAMPBELL.

July 27th, 1891.

THE DANGER OF CHLOROFORM AND THE SAFETY OF ETHER AS AN ANÆSTHETIC.

To the Editors of THE LANCET.

SIRS,—No operating surgeon can read the medical journals' record week after week of "Another Death from Chloroform" without thinking of the possibility of such a catastrophe occurring in his own practice and how it may be averted. I have frequently, in THE LANCET and elsewhere, brought before operating surgeons the responsibility incurred by subjecting a human being to the influence of chloroform as being the most dangerous form of anæsthetic. But since the report of the Hyderabad Commission was published deaths from chloroform seem to be largely on the increase. At the Manchester Royal Infirmary, for example, since the beginning of the present year there were two deaths reported to have taken place during the administration of chloroform. Seeing that, apart from the climatic effects, the experiments of the Hyderabad Commission were mostly carried out on Indian dogs and monkeys, it is surprising that scientific men should rely on results so obtained, ignoring statistics with regard to human beings, which attest beyond all manner of doubt the danger of chloroform and the comparative safety of ether. I for one do not consider the results of the Hyderabad Commission conclusive or satisfactory, for I have too frequently witnessed at the operating table most painful incidents. I have seen patients under chloroform suddenly cease to breathe. The operation stopped, and all the while awful suspense takes possession both of the operator and the anæsthetist. Last week I witnessed in Dublin a fatal case from the administration of chloroform. The patient was a fine-looking robust man, aged about fifty, suffering from cancer of the tongue. The surgeon who was about to remove the diseased part directed the house surgeon to administer chloroform, who carefully examined the patient's heart before the operation, and found it normal. On a previous occasion the man had been given ether to produce anæsthesia, but it was reported that he did not take ether well, though he was put under its influence all the same. Hence chloroform was administered on this occasion, in the most careful manner, with Skinner's apparatus. The man gave but two or three inspirations, when he died as suddenly as if shot

through the heart. There was no sign of impeded breathing, no pallor of cheek—in fact, no warning whatever. Never shall I forget the consternation of those concerned; and no wonder, for here was a man in the plenitude of life and apparent vigour, cheerful in spirits, changed, with the appalling suddenness of a lightning flash, into a corpse. All means of resuscitation were promptly resorted to, but in vain; the man was dead. I consider it nothing short of culpable recklessness, with so many warnings, for any surgeon to persist in the use of chloroform in preference to ether on the score of convenience. No doubt death may be produced by any anæsthetic, if pushed too far or administered by an inexperienced or careless person; and with such persons it often happens that an operator has to warn the administrator to devote his entire attention to the anæsthesia and not mind the operation. In certain small and rapid operations I think administrators frequently produce a greater degree of anæsthesia than necessary, and do not estimate the exact amount of anæsthesia requisite for the painless performance of any given operation. As the result of my own observation chloroform seems to act as a direct poison on some persons, and kills, when it does kill, as suddenly as a pistol bullet would whose billet was the heart or brain. It gives no warning sign or indication till fatal symptoms are apparent and the patient is either actually dead or beyond any means of resuscitation.

Of ether my experience is different. It always gives warning, and the untoward effect may be almost instantly removed. Acting as it does directly on the respiratory functions, methods of resuscitation, as regards artificial respiration, can be immediately applied, and are, as a rule, nearly always successful. So long as I have the strong convictions which I entertain, based upon many years of practice, regarding the choice of an anæsthetic, I will raise my voice against the wanton administration of chloroform in preference to ether, which has been proved by undeniable statistics to be the safest anæsthetic known.

I am, Sirs, yours faithfully,

L. HEPENSTAL-ORMSBY, M.D., F.R.C.S.,

Surgeon to the Meath Hospital and County Dublin Infirmary. Merrion-square West, Dublin, July 20th, 1891.

THE DEATH UNDER CHLOROFORM AT BIRKENHEAD.

To the Editors of THE LANCET.

SIRS,—I beg to forward you the particulars of the recent death under chloroform here.

J. H—, aged forty-four, was admitted to the hospital on July 10th, suffering from an abscess of the left bursa patellæ and a fibrous tumour of the right. The abscess was opened, and on the 15th the patient was placed under chloroform for the purpose of removing the tumour. The patient struggled a good deal while going under, but otherwise took the anæsthetic well. After he was fairly under, and the operating surgeon had made a small incision over the tumour, the pupils were observed to suddenly dilate, and the breathing to become shallow. The anæsthetic was at once stopped. The tongue was drawn out, brandy injected, and artificial respiration kept up for over half an hour, but all of no avail. The quantity of chloroform given was two drachms and a half. Death occurred six minutes after the commencement of the anæsthetic. No post-mortem examination.—I am, Sirs, yours truly,

Birkenhead, July, 1891.

W. R. MAIN.

SUPPOSED DEATH FROM PTOMAIN POISONING AFTER EATING TINNED SALMON.

To the Editors of THE LANCET.

SIRS,—As the following case may be of some interest, I beg to forward you the same for publication. On June 28th, 12 A.M., I was summoned to a house in the neighbourhood with a message that a whole family had been poisoned. On my arrival I found six persons in bed—a lad aged twelve years (since deceased), three daughters, mother, and the cook. Upon inquiring the cause, I ascertained that the six patients had all partaken for supper the previous night of tinned salmon, and after going to bed as usual were seized towards early morning with violent pains in the stomach, sickness, and diarrhoea. I first saw the daughters, whom I found apparently in great pain, rolling about their beds, with a