measles in Bolton, Plymouth, and Blackburn: scarlet fever in Birkenhead; and "fever" in Cardiff. The 27 deaths from diphtheria in the twenty-eight towns included 19 in London and 5 in Liverpool. Small-pox caused 3 deaths among the residents of London, 2 in Liverpool, and 1 in Brighton, and not one in any of the twenty-five other large towns. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had been 10 and 15 on the preceding two Saturdays, had declined to 7 at the end of last week; and no new case was admitted to these hospitals during the week, the admissions in the preceding two weeks having been 2 and 7. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding six weeks from 477 to 677, further rose last week to 745, and exceeded the corrected weekly average by 294. The causes of 96, or 2.1 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Plymouth, Derby, and Birkenhead. The largest proportions of uncertified deaths were registered in Sheffield, Oldham, Halifax, and Bolton.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 22.3 and 23.5 per 1000 in the preceding two weeks, further rose to 24.9 in the week ending March 6th, but was 1.7 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 17.1 and 17.4 in Aberdeen and Dundee, to 25.2 in Paisley, 30.1 in Glasgow, and 31.1 in Perth. The 614 deaths in the eight towns showed a further increase of 34 upon the numbers in the previous two weeks, and included 19 which were referred to whooping-cough, 7 to "fever" (typhus, enteric, or simple), 7 to diarrhoea, 4 to scarlet fever, 3 to diphtheria, 3 to measles, and not one to small-pox; in all, 43 deaths resulted from these principal zymotic diseases, against 46 and 51 in the preceding two weeks. These 43 deaths were equal to an annual rate of 1.7 per 1000, which was 0.6 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 13 and 19 in the preceding two weeks, were again 19 last week, of which 17 occurred in Glasgow. The 7 deaths referred to "fever" showed a slight further increase upon the low numbers in recent weeks, and included 4 in Glasgow. Three of the 4 deaths from scarlet fever, 2 of the 3 from diphtheria, and all the 3 from measles, were returned in Glasgow. The 7 deaths attributed to diarrhoea, of which 3 occurred in Edinburgh and 2 in Glasgow, were 2 below the number in the corresponding week of last year. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had increased in the preceding four weeks from 135 to 159, further rose last week to 170, and exceeded the number in the corresponding week of last year by 51. The causes of 73, or more than 11 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 38.6, 31.8, and 30.4 per 1000 in the preceding three weeks, further declined to 30.1 in the week ending March 6th. During the first nine weeks of the current quarter the death-rate in the city averaged, however, no less than 32.0 per 1000; the mean rate during the same period did not exceed 23.9 in London and 18.3 in Edinburgh. The 204 deaths in Dublin last week showed a further decline of 2 from the numbers returned in the preceding three weeks, and included 15 which were referred to the principal zymotic diseases, against 26, 20, and 22 in the previous three weeks; 10 resulted from whooping-cough, 4 from "fever" (typhus, enteric, or simple), 1 from diarrhoea, and not one either from small-pox, measles, scarlet fever, or diphtheria. These 15 deaths were equal to an annual rate of 2.2 per 1000; the rates from the same diseases being 2.8 in London and 1.6 in Edinburgh. The fatal cases of whooping-cough, which had been 16 and 18 in the previous two weeks, declined last week to 10. The 4 deaths referred to "fever" showed an increase of 2 upon the number returned in each of the two previous weeks. Five inquest cases and 4 deaths from violence were registered, and 60, or nearly a third, of the

deaths were recorded in public institutions. The deaths of infants showed a decline, whereas those of elderly persons were more numerous than in either of the preceding two weeks. The causes of 17, or more than 8 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

WAR OFFICE.—Army Medical Staff: Surgeon-Major Hopetoun Currie Collier is granted retired pay, with the honorary rank of Brigade Surgeon.

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Inspector-General of Hospitals and Fleets Henry Fegan, C.B., M.D., has been placed on the retired list.

The following appointments have been made:—Fleet Surgeon Henry Hadlow, to the Royal Naval Hospital, Chatham; Surgeon Arthur W. Russell, to the *Hyacinth*; Surgeon Horatio S. R. Sparrow, to the *Polyphemus*; Surgeon Henry A. W. Richardson, to the *Osprey*; Surgeon Evan St. M. Nepean, to the *Triumph*; and Surgeon William W. Jacobs, to the *Royal Adelaide*.

RIFLE VOLUNTEERS.—1st Volunteer Battalion (the Duke of Cornwall's Light Infantry): Honorary Assistant-Surgeon Andrew Harvey resigns his commission.—2nd Renfrewshire: James Tomlins, Gent., to be Acting Surgeon.—3rd Volunteer Battalion (the South Staffordshire Regiment): Surgeon John Fraser, M.D., is granted the honorary rank of Surgeon-Major.

Correspondence.

"Audi alteram partem."

DEATH FROM CHLOROFORM.

To the Editor of THE LANCET.

SIR,—I beg to forward you particulars of the recent death here from chloroform. The Lady Flora Wilmot, aged twenty-five years, had been under my care for various minor ailments during the last eighteen months. With the exception of a gouty tendency, her constitution was, I believe, sound. On Wednesday, Feb. 24th, I was asked to meet her at Mr. Scott's residence at Swansea (her dentist) for the purpose of administering an anæsthetic for the extraction of the right molar tooth. Nitrous oxide gas not being available, I gave chloroform in preference to bichloride of methylene or ether (both of which I had by me), because for the purpose I considered it the best anæsthetic, and also because her ladyship, having taken it two or three times before, expressed a preference for it. Everything about the chest being perfectly loose, and the patient sitting in the dentist's chair, less than a drachm was sprinkled on lint in an open inhaler, which the gag kept from closely fitting round the mouth and nose. A similar quantity of chloroform was added a second and third time before perfect anæsthesia occurred. The tooth was then removed, and recovery followed without a bad symptom. The patient had taken it capitably, and in all two drachms had been given. Five days afterwards (March 1st) I again administered chloroform for Mr. Scott (this time at the patient's residence) to remove the adjoining bicuspid tooth. The patient was seated in a low deep-backed well-pillowed easy chair, and was therefore more reclining than on the former occasion. The result of the chloroform before having been so satisfactory, I again administered it in the same way, and, as before, two drachms were given in all, with a similarly good result. The inhaler having been removed, Mr. Scott took out the tooth, cleaned his forceps, and stood by the patient's side. I remarked, "I hate giving chloroform for you dentists because you will have your patient sitting up." This led to a reply from Mr. Scott, who then poured out a tumblerful of water and asked the patient to rinse her mouth, as the gums were bleeding. No water was taken, and I observed she was not sufficiently conscious yet, and we still stood by the patient. I had during this time one finger on the temporal artery, whilst with the other hand I was raising the eyelid and watching the pupil, which, having been dilated during unconsciousness, had become normal and the conjunctiva sensitive. Suddenly the pupil became

again widely dilated, I could no longer feel the pulse, and the face became blanched. The chair was immediately turned back, the head lowered to the ground, and the body and limbs raised. Nitrite of amyl sprinkled on a handkerchief was applied to the nose, and, although the heart could not be felt beating, the breathing still continued for, I should say, at least two minutes. Artificial respiration, drawing out the tongue, and lifting the jaw forward, were of no avail—not the slightest sign of recovery followed. A post-mortem examination was refused.

Yours obediently,
J. FARRANT FRY.
Swansea, March, 1886.

THE ETIOLOGY OF PROSTATIC ENLARGEMENTS.

To the Editor of THE LANCET.

SIR,—In an interesting communication by Mr. Reginald Harrison upon the above subject in your issue of the 6th inst., we read that he believes a depressed trigone permits the accumulation of residual urine, induces the hypertrophy of the inter-ureteral bar, and thus is the immediate cause of prostatic hypertrophy. He states further that this hypertrophy is localised to the vesical floor, and contrasts its limited area with the general hypertrophy following stricture. I would ask, Is it physiological that a hollow muscular viscus under the control of one definite centre (Budge, Gianuzzi) can contract so often in a limited section of its small area so as to produce hypertrophy of that section, and of that alone? Again, I would submit that the inter-ureteral bar is mostly made up of muscle bundles derived from the sides and back of the bladder itself. Is it reasonable to suppose that one part of those bundles can hypertrophy without a similar change in the remainder of those bundles? I would mention that in an examination of over 400 fresh bladders I have never met with hypertrophy of the inter-ureteral bar either in prostatic enlargement, stone, or stricture, unless there was a coexisting and corresponding hypertrophy of the entire viscus. But a theory like that on which I thus venture to comment, emanating from one so well known as Mr. Reginald Harrison, upon a subject so controversial and so important, demands serious consideration and discussion. He would be conferring a real benefit upon his London *confrères* were he to bring forward his views, and the specimens upon which he mentions they are based, at the Pathological Society.—I remain, Sir, faithfully yours,

E. HURRY FENWICK.

George-street, Hanover-square, W., March, 1886.

INVERSION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—Dr. Barnes, in THE LANCET of Feb. 27th, appears to resent my remarks in a previous number, where I endeavoured to show that incision of the os previous to reducing an inverted uterus had been practised before 1868. Dr. Pratt, in the *Medical Times and Gazette*, thus writes in March, 1868, when speaking of the operation referred to above:—"This mode of treatment is not new, although not mentioned by Murphy, &c.....but Dr. Wassiege of Liège says that it is the only legitimate, as it is the most effective, plan." This, I think, proves that the operation must have had an established reputation abroad before 1868, the date of Dr. Barnes' first operation. Certainly, I had no wish, nor could I succeed if I had, to detract from Dr. Barnes' high merits, and I feel rather aggrieved that the "valuable" Digest should be described as referring chiefly to "three medical journals." Had it fallen to the fate of Dr. Barnes to keep up the Digest, week by week, month by month, and year by year, he would soon have discovered that it embraced, in addition to the "three principal medical journals," seven or eight others, which secures a reference to every subject, either in English or foreign literature, that is of practical value to the medical profession.

I am, Sir, yours faithfully,

RICHARD NEALE, M.D., Lond.

Boundary-road, N.W., March 3rd, 1886.

THE South Hornsey Local Board are endeavouring to obtain from the Ecclesiastical Commissioners their interests in Clissold Park, with a view to its preservation as an open space for the use of the public.

MANCHESTER.

(From our own Correspondent.)

OWENS COLLEGE.

At the half-yearly meeting of the Court of Governors of the Owens College, held on the 2nd inst., it was reported that satisfactory progress was being made with the work of extension of the College buildings, which has been going on for the past two years, and that the Coupland-street block will be ready for use at the beginning of the session 1886-7, and the museums will be ready for the reception of the collections in natural history and geology in the spring of 1887, and thus be complete prior to the visit of the British Association in that year. The façade to Oxford-road presents an imposing appearance, and the tower, now almost completed, stands out a commanding landmark for a considerable distance round, while within the grounds the quadrangle which will be formed when the entire plans are carried out is complete on three of its sides. The report stated that there were at present a total of 1244 students in the various departments of the College. The Council had accepted with much regret the resignation of Sir Henry Roscoe as Professor of Chemistry, owing to his recent election as member of Parliament for the southern division of the city. It was resolved to establish an engineering laboratory in the College, at a cost of £6000.

SIR WILLIAM ROBERTS.

The meetings of the Medical Society are not often graced with the presence of Sir William Roberts, but on Wednesday last he gave a very interesting *resumé* of some experiments he had made upon the solubility of gouty deposits (the bi-urate of soda) in various solutions of soda, potash and lithia salts. As usual with him, the work was on the scientific side of medicine, and yet not without a direct bearing upon the practice of the same. Sir William has been much more before the public the last few days than is his wont; on Monday last he was presiding at the annual Welsh dinner held on St. David's Day, and on Saturday a complimentary dinner was given to him on the celebration of the honour of knighthood recently conferred upon him. Dr. H. Simpson was in the chair, and most of the leading members of the profession in the town and districts were present, amongst the visitors being Dr. Buchanan of the Local Government Board.

PROVIDENT DISPENSARIES.

At the annual meeting of the Provident Dispensaries it was stated by the chairman that 20,000 persons had joined these institutions, and thus had been rescued from going begging to medical charities, and also as a result of ten years' work the proportion of persons seeking gratuitous medical attendance at our hospitals who were in a position to pay for the same had been reduced from 42 per cent. to 12½. The subscriptions of members had amounted during the past year to £3560, of which £2000 had been paid to the medical staff. Thus much from the provident dispensaries' point of view; but there have been several communications during the past few days from medical men and others tending to show that, if they have been the means of preventing abuse of the hospitals, the dispensaries themselves are not altogether without reproach, seeing that no limit is placed upon the income of those entitled to join them; and that, as a matter of fact, many do join who are well able to pay the ordinary medical fees charged to the working classes, and thus great injustice is done to those members of the profession whose work is perhaps the heaviest, and certainly the worst paid.

LOCAL MEDICAL CHARITIES.

A very interesting little *brochure* has lately been printed by the Infirmary Committee relating to one of its allied branches—the Barnes Fever Hospital,—compiled by Dr. Renaud, formerly one of the physicians to the institution, and now consulting physician to the infirmary. He briefly traces its history, from the formation of the first fever house in 1796, through all its various changes down to the present time. Much of the history consists of personal reminiscences, and well deserves the permanent record thus given to it. The last additions to this hospital have but recently been finished, consisting of two new blocks of wards and a large nurses' home, the latter of sufficient size