broad bean, lying between the layers of the broad ligament at the posterior aspect of the fimbriated end of the right Fallopian tube. It was soft in consistency, and on section presented the characters of a fatty tumour. The tumour on the left side was somewhat less flattened, and contained two minute thin-walled clear cysts; in size and position it corresponded closely with the tumour on the opposite side, and, except for the small cysts, was of a uniformly fatty nature. Microscopically the lipomatous nature of the tumours was fully established, together with the demonstration, in the tumour of the left side, of a columnar epithelial lining to the small cysts, suggesting an origin from Kobelt's tubules. Lipomata of the broad ligaments are so rare as to excite interest; the occurrence, however, of symmetrical lipomata in this situation is perhaps sufficiently uncommon to warrant publication. The tumours from their position and size must have been symptomless, but whether, as suggested by Hektoën, a trophic influence played a part in their etiology, it is not easy to determine.

I am, Sir, yours faithfully,

E. EMRYS-ROBERTS, M.D. Liverp.,
Demonstrator of Pathology, University of Bristol;
late Subcurator of the Pathological Museum,
University of Liverpool.

July 9th, 1909.

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—I am much annoyed to find that certain daily newspapers have published portions of an article of mine which appeared in the *Practitioner* of this month. My permission was not asked for this proceeding, and, if it had been, would certainly have been refused.

This unwarrantable liberty is a sad example which too clearly illustrates the decay in good manners of the British daily press, which has now reached the low level of the American daily press. I think that, with some obvious exceptions, for the public press to discuss medical questions in their columns is a serious impropriety.

I am, Sir, yours faithfully,

July 9th, 1909.

DYCE DUCKWORTH.

THE ROUTINE USE, BY THE OPEN METHOD, OF A MIXTURE OF CHLOROFORM AND ETHER.

To the Editor of THE LANCET.

SIR,—Dr. Alexander Brown in THE LANCET of July 10th discusses the paper of the above title communicated by Dr. F. W. Hewitt and Dr. J. Blumfeld. He points to an apparent discrepancy between the authors' dictum in regard to the method of administration and the earlier writings of one of them (Dr. Hewitt), and he asks for guidance. As one who has in the past taken much interest in the study of inhalation methods, I may perhaps be able to throw some light upon the subject.

It is, I think, imperfectly appreciated how vastly different results may be obtained in accordance with simple variations in the technique of administration of anæsthetics on an open mask. I know from personal experience how one is liable to criticise the qualities of a particular sample of anæsthetic whilst overlooking the important bearing of the qualities of the method by which it is given. If a frame of the Skinner or Schimmelbusch type, covered with lint or closely woven flannel, be held so that it does not touch the patient's face, then it is not unusual to find that such mixtures as the A.C.E. or C.E. will not be efficient in inducing anæsthesia. If, however, the framework be adapted to fit closely but lightly upon the face, and the covering be formed of a loosely woven fabric, such as domette or a thin flannel, then an entirely different set of conditions regarding evaporation is set up. The respirations in this case pass wholly, or almost wholly, *through* the meshes of the fabric and not merely *over* its surface, and in this way a perfectly efficient concentration of vapour may be inhaled. It is indeed thus that the open ether method is rendered practicable, and it is from neglect of this simple principle that it fails.

This adaptation of frame and cover has a further highly important bearing upon the continued administration of vapours, for it presents the most favourable conditions under which the vapour strength may be regulated. By varying

the proportional part of the total area of fabric (e.g., one-quarter, one-half, &c.) which is moistened with the anæsthetic, the percentage of vapour inspired is made to vary in accordance. The relation is certainly not in direct proportion, but it is sufficiently close to afford a greater control than may be effected by any way of using other forms of masks, either open, such as the ordinary Skinner's, or semi-open, such as the Rendle cone. There is also a decided objection to the inflated rubber pad which is fitted to the semi-open inhalers. In the absence of special precautions this is liable to induce a degree of obstruction to free respiration, and the substitution of a lightly resting metal frame results in a far happier type of breathing.

The open method of administering anæsthetics is capable of still more precise adjustment, and I think that the plan which I devised of using the A.C.E. mixture upon an open cover divided into four actual quadrants may be found to prove more efficient in less expert hands, but for a further account of these matters I may refer Dr. Brown to my papers in the *British Medical Journal* of August 4th, 1906, and Oct. 6th, 1907, p. 874.

Of the relative merits of the C₂E₃ mixture I have never had any personal experience, but I may perhaps be allowed to express the hope that Dr. Hewitt and Dr. Blumfeld will have success in their advocacy of a method which, of its kind, I am convinced will tend to afford the widest efficiency.

I am, Sir, yours faithfully,

London, W., July 13th, 1909.

A. GOODMAN LEVY.

DELAYED CHLOROFORM POISONING.

To the Editor of THE LANCET.

SIR,—I was very interested to see the account by Dr. T. C. Somerville of the cases of delayed chloroform poisoning in THE LANCET of July 10th as I have had a somewhat similar experience, although fortunately my cases did not terminate fatally. Case 1 was a patient to whom chloroform was administered for a difficult delivery. The patient was under the anæsthetic from about three-quarters to one hour and nothing abnormal was noted during the administration, but as she was recovering consciousness she vomited up a coffee-coloured material; this continued to be vomited for about four or five hours and then ceased and she made a good recovery. Case 2 was a child to whom A.C.E. was administered for the removal of enlarged tonsils and adenoids. This was the worst case and vomiting continued for three days and was very severe. The vomit in this case was coffee-coloured and great prostration and exhaustion followed. She recovered after careful treatment. Case 3 presented features practically identical with Case 1, but A.C.E. was the anæsthetic administered, and the vomiting did not occur till four hours after the return to consciousness. I have satisfied myself that these cases were due to the use of a cheaper chloroform, acetone chloroform, for they occurred during a period when I was using this chloroform, thinking it reliable and feeling satisfied that it was cheaper; but I discontinued it and again used the purest chloroform, and no further cases of the kind happened.

These cases occurred in general practice and I have not full notes of them, but the cases reported seemed to resemble my own; and I thought it might be of interest to make a report of them.—I am, Sir, yours faithfully,

W. H. PAYNE, M.R.C.S. Eng., L.R.C.P. Lond.

Vesta-road, Brockley, S.E., July 11th, 1909.

AN APPEAL.

To the Editor of THE LANCET.

SIR,—We beg to appeal to the readers of this journal for help in the sad case of the late Mr. C. E. Harris, Ph.D. He was for over four years the demonstrator of chemistry to the Royal Institute of Public Health, during which time he rendered faithful and valuable services both to the institute and to sanitary science by his teaching and research work. Although delicate and greatly handicapped through a serious spinal deformity, the result of an accident in early childhood, he continued cheerfully and bravely in his work. Even during his last illness he was at work until a few days before his death, which occurred on May 31st last.

He has left a widow and six children between 12 and four years old totally unprovided for. Whilst endeavouring with