gravity on the intra-cardiac currents." Nevertheless, occasionally one meets with a case where, owing probably to thickened chest wall and emphysema, no heart sounds are audible during recumbency, and yet when such a patient leans forward the heart can be heard and any murmur present *then only* becomes audible. I would conclude by expressing my appreciation of the value of Dr. Gordon's communication and fully agree with him that "no description of the cardiac physical signs can be regarded as complete which does not include a statement of the position of the patient at the time of observation."

I am, Sirs, yours faithfully,

Toronto, August 26th, 1907.

R. D. RUDOLF.

THE DISCOVERER OF ETHER ANÆSTHESIA.

To the Editors of THE LANCET.

SIRS,—It may interest your readers to know that at last active steps are being taken to honour the memory of Dr. C. W. Long of Jefferson, Georgia, the discoverer of ether anæsthesia. The Commonwealth of Georgia having passed the Act authorising his statue to be placed in the statutory hall, Washington, D.C., the necessary steps are being taken to have a suitable statue in position without any unnecessary delay. A marble statue 40 feet high will be erected to his memory in Jefferson. The unveiling ceremony is to be performed by the President, for the time being, of the Georgia Medical Association, and is fixed for April, 1909. A suitable memorial building bearing a bronze tablet will be erected at Athens, Georgia, on the site of Dr. Long's residence. The tablet will be inscribed with the date of Dr. Long's first operation and tell of his arduous and beneficent work in Athens. It is pleasant to think that all concerned in the discovery of anæsthesia were Britons: Humphry Davy, C. W. Long, and J. Y. Simpson. Dr. Long, as your readers doubtless know, was of Irish descent, his grandfather having emigrated from Letterkenny, Co. Donegal.

I am, Sirs, yours faithfully,

Cavendish-row, Dublin, Sept. 7th, 1907.

GEORGE FOY.

PICROTOXIN AS A PREVENTIVE OF POST-CHLOROFORM SICKNESS.

To the Editors of THE LANCET.

SIRS,—The administration of an anæsthetic is sometimes followed by sickness of so persistent and depressing a character that the patient suffers more from the effects of the anæsthetic than from the operation itself, while after major operations the subsequent vomiting may still further weaken the patient and increase the gravity of his condition. This is especially the case in abdominal operations where, in addition, the violent muscular contractions throw a severe strain on the stitches which close the wound. Any method of treatment, therefore, which prevents or even diminishes sickness is of some importance and in this short letter I wish to draw attention to the value of picrotoxin in this connexion.

The great majority of my operations are performed under chloroform or C.E. mixture, consequently my observations have been limited almost entirely to the action of the alkaloid after the use of these narcotics. To obtain the full effect of picrotoxin in the prevention of post-chloroform sickness it must be administered as soon as possible after the anæsthetic has been withdrawn and this circumstance makes it somewhat difficult to determine its true value, because many patients are never sick after an anæsthetic and as these cannot be recognised beforehand the drug is necessarily given to such as well as to those who do suffer from this form of sickness. However, by comparing a series of cases in which it has not been given with a series in which it has a marked difference can be noticed. This difference is specially emphasised in those cases in which, an anæsthetic having been administered several times, the only occasion violent vomiting was absent was when picrotoxin had been given. I have had several patients in the latter class who suffered from severe vomiting for many hours after anæsthesia, and in whom at some subsequent operation, when picrotoxin had been injected, sickness was either absent or lasted only a few minutes. I employ for the purpose a 0.2 per cent. solution of the alkaloid in sterilised water. In

adults 20 minims of this are injected into the subcutaneous tissues as soon as possible after the withdrawal of the anæsthetic and certainly at the very latest before the patient leaves the table. The dose for children varies with the age, five minims being sufficient for a child four years old. The introduction of this alkaloid is not an absolute specific against post-chloroform vomiting, but undoubtedly the great majority of patients are entirely free from sickness after its use. If, as rarely happens, sickness should appear and last as long as ten minutes, a second injection, half the quantity of the first, is introduced, and in not a single case has this failed to produce the desired effect.

Occasionally patients are sick before they leave the operating table even after an injection, but in these the drug has not had time to exert its influence. By the time they are placed in bed vomiting has ceased. So firmly am I convinced of the value of picrotoxin in this class of sickness that it is now administered as a routine to my chloroform cases.

I am, Sirs, yours faithfully,

Glasgow, August 26th, 1907.

PETER PATERSON.

BUTTERMILK IN ENTERIC DISEASE.

To the Editors of THE LANCET.

SIRS,—Major K. B. Barnett, R.A.M.C., in his letter in your issue of Sept. 7th on the subject of buttermilk in the treatment of enteric trouble, and especially in the diarrhoea of young children, commences his prescription with the formula, "Fresh buttermilk is slowly boiled," and so on. This rather suggests the problem offered by Mrs. Glasse's preamble to her well-known recipe for jugged hare, "First catch your hare." I fancy that most people who have not the felicity of living in Ireland, where buttermilk is a drug, or in the Argentine, where it may also be readily available, will want to know how or where they are to obtain "fresh buttermilk." Of course, buttermilk can be obtained from any dairy where butter is made; but, irrespective of other difficulties and disadvantages in doing so, by the time it got into the hands of those who wanted to use it, it might be anything but "fresh" and be likely to excite the trouble it was intended to allay. Moreover, buttermilk has the objection that, to perpetrate a Hibernianism, it is not butter-milk at all. For it is not milk and it contains practically no butter. So far as it can be called milk at all it is milk without its butterfat, of which it has been deprived in the process of churning. This is a serious disadvantage, as butterfat is not only the most valuable constituent of milk from an economic point of view but also on nutritive and digestive grounds, especially for young children.

If any of your readers who are interested in the subject on which Major Barnett writes will communicate with the Severn Valley Dairy Products Company at Stonehouse, Gloucestershire, they may obtain a sample of an article which I venture to think they will find much more suitable for the purpose of infant feeding under the conditions referred to by Major Barnett, as well as in the treatment of enteric fever and diarrhoea generally, than buttermilk. It is called "Casona cream" and is really a liquid form of cheese, specially selected and prepared for the purpose, which contains not only all the casein of milk in a most digestible form but also all the butterfat. Indeed, it can be prepared with an extra proportion of butterfat if desired. The only constituent of milk of which it is almost wholly deprived is the milk sugar. But this is so easily supplied in other ways that its omission is of no practical importance.

I am, Sirs, yours faithfully,

Gloucester, Sept. 8th, 1907.

FRANCIS T. BOND, M.D. Lond.

ETHER INHALATION IN PULMONARY TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—To those interested in the treatment of phthisis I would submit for consideration the feasibility of attempting to arrest the disease by subjecting the patient to a course of ether anæsthesia. For instance, let the patient be put as fully as safety will permit under the anæsthetic for half-an-hour for three consecutive days, after which at intervals of two or three days let the process be repeated. If the theory be sound, within a fortnight unquestionable evidence should

be found of improvement. Of course, it would be necessary to administer the anæsthetic with the utmost care, bearing in mind the nature of the disease. Abdominal section has frequently been credited with temporary arrest of tuberculosis of that cavity. May not ether be the chief factor in the temporary arrest? I am, Sirs, yours faithfully,

Sept. 5th, 1907.

ROBT. HUGH HODGSON.

THE SEASONS AND MENTAL DISORDERS.

To the Editors of THE LANCET.

SIRS,—The incidence of mental disorders does not correspond in point of time with recorded admissions into asylums, especially private asylums. It is true that the summer months, as indicated by Dr. J. Adam, bring special anxieties and maximum work, for suicides are most common in July and least common in November; but the inception of these disorders must be referred to the spring months, as I have shown in the Morison lectures of this year. It is undoubtedly in the study of the prodromal period and the onset of insanity that modern methods of treatment must find their bases and most hopeful development.

I am, Sirs, yours faithfully,

Perth, Sept. 7th, 1907.

A. R. URQUHART.

TUBERCULOSIS IN SPAIN.

To the Editors of THE LANCET.

SIRS,—I am informed that after a fatal case of bacillary phthisis it is the national custom in Spain to disinfect and redecorate the room in which the fatal case occurred. Can you, or any reader of THE LANCET, inform me if this is a fact?

I am, Sirs, yours faithfully,

Cornwall, Sept. 2nd, 1907.

C. E. ABBOTT, M.R.C.S. Eng.

* * It is a fact that tuberculosis is regarded in Spain as very infectious. It is difficult to let a house or rooms in which a patient has died from this disease. Moreover, the furniture is generally destroyed after the death.—ED. L.

THE GUILD OF ST. LUKE.

To the Editors of THE LANCET.

SIRS,—May I draw attention to the advertisement appearing in the present issue of THE LANCET respecting the annual festival service of the Guild of St. Luke to be held at St. Paul's Cathedral on Oct. 22nd and request that those who desire to attend will communicate with me as soon as possible; as we are expecting a large attendance from the City companies and others we are anxious to allot space as soon as possible.

I am, Sirs, yours faithfully,

CLAUDE ST AUBYN-FARRER,

7, Westbourne Park-road, London, W.,

Registrar.

Sept. 9th, 1907.

TEA SHOPS AND DUST.

To the Editors of THE LANCET.

SIRS,—May I draw your attention to the practice that seems to me insanitary and otherwise objectionable of sweeping the floors of tea shops while customers are eating and drinking. I admit it is not done during the busiest time, but I have just been suffering from it in one such shop at 2.40 to-day. A word of condemnation in your columns would go far to suppress this nuisance.

I am, Sirs, yours faithfully,

August 22nd, 1907.

ACE.

THE ROYAL SOCIETY OF MEDICINE.

To the Editors of THE LANCET.

SIRS,—The usual annual issue by the editors of the Medical Directory of slips for correction will perhaps place others of your readers, as it has myself, in a little difficulty as to how they should describe themselves in connexion with the Royal Society of Medicine. I believe that a Fellow of the late Royal Medical and Chirurgical Society *ipso facto* becomes a Fellow of the new Royal Society, but how is my partner to replace his "Fell. Obst. Soc.; Mem. Clin. and Path. Soc.?" and how is one who previously belonged only to the Clinical Society to write himself down?

I am, Sirs, yours faithfully,

Sept. 9th, 1907.

PUZZLED.

THE PUBLIC AND PRIVATE SLAUGHTER-HOUSES OF DUBLIN.

(FROM OUR SPECIAL SANITARY COMMISSIONER.)

PART I.

The Public Abattoir.

THE position of Dublin in regard to its slaughter-houses, public and private, is peculiar and somewhat perilous. Under existing conditions there can be no serious guarantee that the meat is properly inspected before it is sold for human food. On the other hand, the complications that have arisen are such that it is not easy to see how matters are to be arranged in a satisfactory manner without occasioning a good deal of friction and opposition. To put the case briefly, there were many private slaughter-houses in existence when the Dublin Improvement Act of 1851 became law. Since that date licences for slaughter-houses have been frequently granted, although they were accompanied with the stipulation that on the establishment of a public abattoir these private slaughter-houses should be given up. Ultimately a public abattoir was built, but it was placed on the county side of a road which divided the county from the city of Dublin. Thereupon the butchers contended that as the abattoir was not within the city they could not be made to go there and need not give up the temporary licences that had been granted to them on the conditions explained above. Either the butchers were right in law or the authorities supine in the matter, for the butchers were not forced to close their private slaughter-houses. In 1890, however, another Dublin Improvement Act was passed and then the boundaries of the city were extended, so that now the public abattoir is within its jurisdiction. In these circumstances it was naturally thought that the private slaughter-house licences would, as originally intended, come to an end. These, however, are technical matters. They do not come within the scope of popular, political, or theological controversy, and the great mass of the people at Dublin are not taught to study such purely practical and scientific problems. Therefore the handful of butchers who have a personal interest in the question are often able to act as if there were no other interests than their own to consider, because public opinion is too ignorant or too indifferent to exercise any check. Thus interested parties were able to bring influence to bear, so that the corporation of Dublin during the passing of the Act agreed to regard as permanent the temporary licences which it had granted. Instead of coming to an end automatically when the boundaries of the city were extended and included the public abattoir it was now stipulated that these licences could only be extinguished by purchase. Yet it cannot be said that these butchers had a vested interest since the licences were only given as temporary licences. It was known from the first that the butchers would be called upon to remove their slaughtering business to a public abattoir; nevertheless, the ratepayers are now to be called upon to give them compensation. But this is not all, for even if the money is forthcoming another difficulty arises. The Act insists that only one person can receive compensation in regard to the closing of a private slaughter-house and it is often a matter of great perplexity to determine who that one person should be. Thus it is that since the passing of the Act in 1890 only 18 private slaughter-houses have been closed, and, including some situated in three townships recently annexed to the city, there still remain in Dublin no less than 62 private slaughter-houses.

That it is necessary to do away with the private slaughter-houses can scarcely be questioned; it can only be urged that their abolition should be deferred till a very much better public abattoir is built than that which now exists. The situation is described by Surgeon-Colonel D. Edgar Flinn, medical inspector of the Local Government Board of Ireland, in his official report for 1906. He there states that about 70 butchers avail themselves of the public abattoir, killing there from 700 to 800 animals weekly. The average number of cattle slaughtered weekly is about 200, of sheep 450, of pigs 50, and of calves 6. On the other hand, the killing in the private slaughter-houses is approximately estimated at cattle 380, sheep 1671, pigs 739, and calves 20. Thus only about a quarter of the slaughtering takes place at the public abattoir; by far the greater part of the Dublin meat comes from private slaughter-houses. Many of these private slaughter-houses