The most important argument against the use of chloroform in labour is the objection that it is said to interfere with normal uterine contractions. There is no doubt whatever that if it is given, as is suggested by some, to the surgical extent as the head passes over the perineum it will interfere with normal contraction. But this is the abuse of chloroform and not its use. If it is given on the open towel system, or any other system permitting a free admixture of air, and given intermittently and just before the onset of a pain, with few inhalations between the pains, the influence over the uterine contractions is very slight, if, indeed, there is any at all. The little influence it may have is in my opinion beneficial. The onset of the contraction is not quite so sudden, but the frequency and force are maintained throughout. The relaxing influence exerted on the soft parts, the freedom from struggling and unnecessarily contracting the muscles of the limbs and elsewhere, all help to render the uterine contractions more effectual and less painful. The abdominal muscles are very slightly influenced and continue to play their part as the uterus begins to contract. If chloroform be given to the surgical extent and continued—a proceeding quite uncalled for in ordinary labour—the interval is lengthened, the force and duration are diminished, and, finally, the pains stop. An important point, however, is the fact that even when deeply under its influence the uterus will contract as soon as it is emptied, but this contraction is not always a reliable one.

Chloroform administration does not predispose to post-partum hæmorrhage unless it is given in complete ignorance of what is required and given with gross carelessness. If the absurd advice is followed of keeping back chloroform until the head is about to pass out and then give it to the surgical extent one is courting danger. The exhaustion produced by this proceeding is greater than the exhaustion of leaving the case to nature to finish. In an ordinary case there is absolutely no necessity to give chloroform to the surgical extent at any time during the labour. I have never yet seen a case of post-partum hæmorrhage associated in any way with the rational administration of chloroform. I would not hesitate to give it in a case with a predisposition to hæmorrhage, as I believe it would be beneficial if given judiciously from the fact of its conserving the strength and preventing nervous exhaustion, for the loss of the former and increase of the latter have, in my opinion, much to do with the production of post-partum hæmorrhage. The objection brought against chloroform that it is difficult to limit its action only holds good in very serious cases where prolonged surgical anæsthesia is required. Rest from pain, muscular straining, and mental anxiety can be obtained whilst the anæsthetic is entirely under the control of the administrator. My advice to young practitioners in midwifery work is to give chloroform upon every possible occasion until they are thoroughly acquainted with its administration and to give it in the normal cases so as to be prepared for the abnormal. In cases of rigidity of the os, in the treatment of which the virtues of chloral have been so highly extolled, I would advise a trial of intermittent inhalations of chloroform preceded by a small hypodermic injection of sulphate of morphia.

In nervous women and those of highly developed intellect pain produces marked exhaustion and irregular muscular contractions which I believe seriously interferes with the normal uterine contractions in labour. In these cases we find the most clearly demonstrated benefits of chloroform. After a few inhalations the pains become much more regular and owing to the relaxation of the soft parts under its influence the labour proceeds much more satisfactorily. Chloroform, or some mixture containing chloroform, is the best anæsthetic in midwifery. Ether is not practicable for single-handed work and is much more objectionable to the patient when given intermittently.

I am, Sirs, yours faithfully,

T. W. PARKINSON, M.D. Edin., D.P.H. Aberd.
Sloane-street, S.W., Sept. 8th, 1902.

THE LOW PHOSPHATES AND UREA IN THE URINE OF THE TUBERCULOUS.

To the Editors of THE LANCET.

SIRS,—The perusal of Dr. H. Harper's letter in THE LANCET of Sept. 13th, p. 776, on the deficiency of urea in the urine of tuberculous patients leads me to offer a few remarks on

this subject. During a pretty long experience among tuberculous patients in Victoria Park Chest Hospital and elsewhere I have noticed how very rarely gout and phthisis are found together. More than once I have come across tuberculous consumption coming upon a patient who years before had been subject to gout. Gout had quite left him and serious tuberculous disease had taken its place. Free feeding and a fair allowance of alcohol is a method of treatment that certainly answers well in many consumptive cases. Dr. Walshe, in his lectures at University College, I remember, used to refer to cases of consumptive people who had gone in for rather free drinking and to the surprise of most who observed them found their lung symptoms to improve though there was no evidence of actual gout coming on. Our good lecturer used to add for the benefit of his hearers: "Do not let this statement lead any of you into dangerous ways." I have thought at times whether the administration of uric acid or urea to the consumptive with a view to producing gout might be a good therapeutic step, but I have never tried either of these bodies.

Many years ago the late Dr. Hastings of Albemarle-street gave urate of ammonia, obtained from the pythons' house at the Zoological Gardens, for the cure of consumption and maintained his case so well before the Censors' Board at the College of Physicians that the late Dr. T. K. Chambers was induced to try this curious remedy at St. Mary's Hospital under the name of "Mistura Pythonis," but the result of its administration was not encouraging, it seeming to have no action, either for bad or good, on the patients.

I am Sirs, yours faithfully,

JOHN C. THOROWGOOD, M.D., F.R.C.P. Lond.,
Consulting Physician to Victoria Park Chest Hospital,
and to the Royal National Hospital for
Consumption at Ventnor.

Bognor, Sept. 13th, 1902.

THE IMPUDENCE OF CERTAIN ADVERTISING DRUGGISTS.

To the Editors of THE LANCET.

SIRS,—I enclose a copy of correspondence relating to "The Lancet Influenza Cure" with which my name was associated.¹ My attention has also been called to an advertisement of Kutnow's powder in the *Philadelphia Medical Bulletin* in which my name appears with a number of others around a portrait of the late Mr. Lawson Tait as distinguished endorsements. All the English physicians and surgeons pilloried with me are dead and their memory can be desecrated with impunity. I enter a protest against this detestable practice in their name and my own.

To attribute to me any endorsement of Kutnow's powder is particularly unfortunate. I have never ordered a single dose of it, but, on the contrary, have frequently had to point out that the habitual use of this and similar aperients is often most injurious and that the relief of constipation may be purchased very dearly. The use of my name as recommending Kutnow's powder is, as in the case of "The Lancet Influenza Cure," a fraud upon the public and an insult to myself.—I beg to remain, your obedient servant,

W. H. BROADBENT, M.D., F.R.S.

Brook-street, W., Sept. 16th, 1902.

INSANITY AND LONG SEA VOYAGES.

To the Editors of THE LANCET.

SIRS,—The excellent advice of Dr. Louis Vintras on insanity and long sea voyages in THE LANCET of Sept. 13th (p. 775) deserves a very great deal of thoughtful attention on the part of the profession. More particularly does it concern the family physician who is often first consulted on the matter. The curative effects of the ocean climate in certain diseases, such as, for instance, consumption, bronchitis, asthma, the after-effects of inflammation of the lungs, pleurisy, &c., are familiar to all of us. The various health voyages, the time of starting, the choosing a ship, the preliminary arrangements, the life at sea, the course, climate, and weather, and, not least, the management of the health at sea, are knotty points for him who seeks "the ocean as a health resort." Again, occupations and amusements, objects of interest at sea, future plans, and

¹ See special article on "Impudent Quacks and the Title of THE LANCET" on page 829 of our current issue.—Ed. L.