Correspondence.

THE HYDERABAD CHLOROFORM COMMISSION.

To the Editors of The Lancet.

Sirs,—In the address on Surgery delivered at the meeting of the British Medical Association at Bournemouth by my friend Professor Chiene, and printed in The Lancet of Aug. 1st, I observe that there has been apparently an omission in the first column of p. 223, near the middle, of the words, "Surgeon-Major Lawrie, and one of the members of which was." By this omission it would appear as if I had been President of the Hyderabad Commission, whereas my function upon it was to represent The Lancet, and to suggest such experiments as seemed likely to settle the points in dispute in regard to the action of chloroform. The Commission was admirably presided over by Surgeon-Major Lawrie, and to his energy the Commission owed its existence, although, as he says in a lecture he recently gave attended to, the more rapidly the chloroform is given the better, till the effect is produced; and hence we do not stint the administration. Neither these words nor any words like them in sense or in meaning were ever used by Mr. Syme. Mr. Syme's teaching is as follows: 1. "The points that we consider of the greatest importance in the administration of chloroform are—First, a free admixture of air with the vapour of the chloroform, to ensure that which a soft porous material, such as a folded towel or handkerchief, is employed to present a pretty large surface, instead of a small piece of material, such as a folded towel or handkerchief. Secondly, if this is attended to, the more rapidly the chloroform is given the better, till the effect is produced; and hence we do not stint the quantity of the chloroform. Then—and this is a most important point—we are guided as to the effect, not by the circulation, but entirely by the respiration; you never see anybody here with his finger on the pulse while chloroform is given. So soon as the breathing becomes stertorous we cease the administration. It may be left to the readers of The Lancet to determine whether these principles sanction the mischievous teaching that the right way to produce chloroform anaesthesia is to "put the patient as quickly as possible under a strong and overwhelming dose of the poison," or whether they do not, as we aver, form the foundation of the teaching of the Hyderabad Commission, that the essential factors in chloroform administration, whereby death can with certainty be invariably prevented, are diluted chloroform and regular breathing. There is no uncertainty about Syme's words. I was his last house surgeon, and I know that he never allowed the respiration to be interfered with, and that the principles I have quoted from The Lancet are those which he taught up to the time of his retirement from the Edinburgh Royal Infirmary in 1850. The exact value of the "new theory of chloroform syncope" may therefore be measured by two facts. One is that the Hyderabad Commission has proved that there is no such condition as chloroform syncope, and the other is that the new theory is based upon views which Syme never held. What I have stated about Syme includes Simpson. At the end of his lecture Mr. Syme said: "All that I have done has been to follow the example of Dr. Simpson." I am, yours obediently,

EDWARD LAWRIE.

Surgeon-Major.

Aug. 17th, 1891.

THE USE OF CHLOROFORM.

To the Editors of The Lancet.

Sirs,—The note of warning on the dangers attending the use of chloroform given in your number of July 14th has been sent to you by Dr. Ormsby will, it is to be devoutly hoped, rouse the attention of the profession to the responsibilities which are incurred when this agent is recommended in preference to other anaesthetics which are found to be comparatively free from the perils attending the employment of chloroform when used alone. Seeing the frequent reports of death from this agent, it becomes a serious question as to whether we are doing our duty to our patients if we choose to submit them to the perils inseparable from its use; of course, if there were no other means of producing insensibility to pain, the patient must be content to undergo a certain amount of risk whilst receiving the enormous amount of benefit from the total abrogation of pain during an operation; but if the same result can be produced by much less risky agents, these should be used. The same principle should guide the surgeon in the use of anaesthetics as he follows in connexion with the general practice of his art. If a patient seeks his advice for the removal of some serious disease by a surgical operation, it is his duty to recommend that method which effects the desired object with the least risk to his life, so in like manner it becomes his duty to employ that form of anaesthetic which is found to be free from most of the dangers attending its use. Having seen several deaths from this agent, having had a distressing case of death in my own private practice, besides meeting with repeated instances where the patient was brought to the very verge of the grave, I share Dr. Ormsby's conviction, and have for several years resorted to the use of ether or the mixture of alcohol, ether, and chloroform. I am, yours obediently,

HENRY SMITH.

Wimpole-street, W., Aug. 4th, 1891.

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

To the Editors of The Lancet.

Sirs,—Mr. Ormsby asserts in your issue of the 1st inst. that ether "has been proved by undeniable statistics to be the safest anaesthetic known." Now, Sirs, I think it very unkind of Mr. Ormsby that, although he repeats this statement from time to time, he never gives a hint of where the statistics may be found. I have spent time, trouble, and money collecting information on the relative value of anaesthetics, and yet I have to discover the statistics referred to by Mr. Ormsby. Will he oblige by giving them to yours truly,

GEORGE FOY, F.R.C.S.I.

Cavendish-row, Rutland-square, Dublin, Aug. 14th, 1891.

AN EPIDEMIC OF ECZEMA.

To the Editors of The Lancet.

Sirs,—I shall be obliged if you will allow me space to make a few comments on the letter from Dr. Savill, which appeared in the last issue of The Lancet. The courtesy of Dr. Savill and Mr. Lunn I have had the opportunity of examining the cases of eczema during the present epidemic at the Paddington and St. Marylebone Infirmarys, and also those cases which arose last year at the latter hospital. Many anomalous outbreaks of vesicular and bullous eruptions have occurred during the last few weeks of nothing parallel with the present epidemic. It is certainly not scabies or impetigo contagiosa, or pemphigus.

1 Vide The Lancet for Jan. 20th, 1855.