Shortly after the adoption of the methylated ether by my colleagues and myself at the Infirmary, Clover's inhaler was introduced; and we calculate etherisation costs the Infirmary now 3s. 4d. less than formerly. In order to ensure obtaining the right article I would advise my readers to ask for “absolute methylic ether, specific gravity ‘717,’” as ordinary methylated ether is an abominable and unsuitable compound.

As regards deaths from ether, I make no doubt many occur which are never reported, for the simple reason that the death, instead of being instantaneous (as in the case of chloroform), occurs some hours later from bronchitis. At any rate, there have been two such deaths from ether at the Leicester Infirmary during the last nine years, against two from chloroform in the same period. I have felt it my duty to put this statement in print, as there is a growing tendency to hold a man guilty of homicide if he has the misfortune to lose a patient from chloroform; whereas a careful examination of all deaths occurring within three days of the administration of an anæsthetic might show that ether is not so very much safer than our old friend chloroform.

I am, Sir, yours faithfully,

FRANK H. HODGES, F.R.C.S. Ed.

Leicester, July 5th, 1882.

To the Editor of THE LANCET.

SIR,—Your article on “Chloroform,” under date July 1st, once more calls the attention of our profession to the grave risk attendant upon the use of chloroform as an anæsthetic. I would at once put the question, Why use it when a far safer and more preferable agent is within reach? How many deaths would have been avoided had it been the universal practice to adopt Mr. Jonathan Hutchinson's golden rule—“Ether for all patients over six years of age and under sixty”? Does not this rule cover such cases as those recorded last week, and many others from time to time reported?

The history of the fatal case is practically the same. It is a young or middle-aged patient, in fair, or even robust health, who is about to submit to some minor but painful operation. Chloroform is administered; the first stage is protracted; in the second stage suddenly the pulse becomes weak, then stops; a few embarrassed attempts at respiration are made, and all is over. The horror-stricken attendants send galvanic shocks through the thorax, and vigorously perform artificial respiration, but all to no purpose. The autopsy reveals a healthy or slightly fatty heart, with uncontracted ventricles. Would all this have happened had ether been the anæsthetising agent employed? I venture to say emphatically, No. Ether stimulates instead of depresses the heart's action. Ether never caused the heart to fail in a young or middle-aged patient in fair or robust health. Why should chloroform then be used for such cases? Is it because, though acknowledged to be infinitely more dangerous, it is claimed to be more manageable and quicker in its action? This excuse does not hold good since Ormsby and Clover have placed in our hands their simple and efficient inhalers. Of the two I much prefer Ormsby's.

As house-surgeon to Mr. Jonathan Hutchinson, and house-physician to Dr. Palfrey, I had very great opportunities of testing various anæsthetising apparatus and agents. From an analysis of one hundred cases taken haphazard, where Ormsby's inhaler was employed, I find that complete anæsthesia is obtained in a shade under two minutes, and that the quantity of ether required is an ounce and a half for an operation lasting twenty-five minutes. The stage of excitement is very short. The secretion of mucus and consequent frothing about the mouth, and troublesome accumulation in the larynx, are reduced to a minimum.

The mask is so readily removed and replaced that operations about the mouth and nose are but little interfered with by the anæsthetiser. Since the Ormsby inhaler has been taken into general use at the London Hospital I am informed that the saving in ether has been enormous, and what I consider far more important is that chloroform is being gradually banished from the wards.

One word more and I have done. From my practice of the last six months I can fully endorse Mr. Hewetson's

remarks as to the advantages of ether prepared from methylated spirits. On the other hand, I have observed no disagreeable results from its use.

I am, Sir, yours, &c.,

Duke-street, W., July 4th, 1882.

W. H. FENTON JONES.

To the Editor of THE LANCET.

SIR,—In sending you an account of the inquest on the unfortunate man who died during the administration of chloroform at the Kent and Canterbury Hospital, I beg to make the following remarks.

James S—, aged forty-nine years, had formerly been a butler and accustomed to excessive alcoholic indulgences. He was admitted on June 9th for caries of the right fifth metatarsal bone, which was preventing the union of a wound caused two months previously by the removal of the little toe. His left great toe had also been removed five years ago for disease. He looked somewhat feeble, but bore no physical signs of cardiac disease; his urine was normal and his appetite fairly good, though he did not eat all the meat of his “full diet.” After six days' rest in bed, chloroform was administered to him by the house surgeon in the ward, by means of a conical wire gauze inhaler covered with flannel, such as is used at St. Mary's. The patient breathed very quietly, but was slow in getting under the influence of the anæsthetic. I made one short quick incision down to the dead bone, and he said he felt it. Fresh chloroform was sprinkled from the drop-bottle on to the cone, after which the patient talked loudly in a drunken manner, struggled, and tried to sit up in bed; then his pulse fluttered, his face became livid, his jaw fell, his heart ceased to beat, he gave a few superficial and irregular sighing respirations, and all was over. The administration of the chloroform was stopped immediately the pulse fluttered. Artificial respiration, the tongue being drawn out, was at once resorted to, and a Stöhrer's battery was applied within two minutes, but the heart would not respond. The patient died within ten minutes from the commencement of the administration, which was most carefully conducted. The amount of chloroform used was nearly two drachms and three-quarters. The man was never fully under its influence, but died in the stage of excitement from sudden arrest of the heart's action.

Unfortunately the coroner did not order a post-mortem, and the friends would not give their consent to any examination of the body afterwards. Ether was the anæsthetic first employed at our hospital, and introduced there by my father; during the last thirty-two years chloroform has been administered (sometimes in various forms of inhalers, but chiefly on lint) with uninterrupted success. For the last five years I have occasionally used ether again, in a Clover's inhaler, but chloroform has been given as a rule.

I am, Sir, yours truly,

Canterbury, June 21st, 1882.

T. WHITEHEAD REID.

“DOCTOR OR DRUGGIST?”

To the Editor of THE LANCET.

SIR,—I have no doubt that the letter of “M.D.” on this subject in your last week's issue will lead to some further correspondence, and that we shall have the pros and cons of the matter fully discussed. Whether or not “M.D.” has during the natural course of his professional life wandered over the face of the globe, or whether he has even settled down to general practice, is a matter not quite clearly to be made out from his letter, although one cannot but hope that the former has been the case, for I take it that, from a practical point of view, no more irrational or illogical letter on any subject has ever been before inserted in your valuable paper. If your correspondent had waged war against the “counter” or “open shop” practices in most of the towns of these isles, he would doubtless have had the whole body of the respectable men of our profession with him. If he had started an agitation against that now almost constant and universal practice of chemists prescribing for their customers, a general crusade against this formidable evil might have owed its origin to his pen. But how can he for one instant sit down and attempt to bring before the medical world the sweeping so-called medical reform—that no

respectable practitioner, under any circumstances whatever, should dispense medicine for his patients? What would become of those inhabitants of our numerous small villages, situated, as many are, some miles from a town where they could find a chemist to dispense a prescription given them by their medical man for some urgent case? "Oh," says your correspondent, "Dr. Apothecary Brown or Smith would be practising in such places." How could we expect the poorer classes, the artisans, or the mechanics to pay not only the doctor's charges for visits, advice, and prescriptions, but also the druggist's bill for medicines required for one of their children, say, during an attack of rheumatic fever? "Oh," says your correspondent, "Mr. Apothecary Brown or Smith would attend such as those!"

Again, how would the country general practitioner, who represents such a large proportion of our profession, fare if for all his club patients and his paupers, to say nothing of his other patients among the poorer classes, he had to make arrangements with some chemist to dispense all his prescriptions? "Oh," says your reforming correspondent, "Mr. Apothecary Brown or Smith would hold such appointments." So, Sir, the inhabitants of our hundreds and thousands of country villages are to be handed over to the tender mercies of men who are content with having passed the examination for a licence to act as an apothecary, and all other practitioners must search for new fields afar or betake themselves straight, with their wives and families, to the nearest union, there to be supported at their country's expense until the utter idiocy of such a reform were found out. These and numerous other difficulties rise up before me on reading such an effort to bring about what is considered by your correspondent as a necessary social reform. Anyone starting such an utterly unfeasible and impracticable theory should surely be prepared with the ways and measures necessary to carry such out, and unless he can conscientiously do so, I for one take it that he had better employ his time and his pen in some more worthy and essential form of social medical reform.

I am, Sir, yours truly,
LIONEL A. WEATHERLY, M.D.

Portishead, Somerset, July 3rd, 1882.

To the Editor of THE LANCET.

SIR,—Your correspondent "M.D." has hit upon a subject of great interest to the body of general practitioners of this country. But he has not considered the difficulties that surround a general practitioner with a large number of lower middle-class and poor patients, who are able to pay a fee inclusive of charges for medicine, but utterly unable to find money for a fee for the doctor, and also for the cost of the medicine at ordinary prices. For instance, an artisan with an income of thirty shillings per week cannot possibly pay a daily fee of half-a-crown, and a further sum of a shilling or eighteenpence every two days for medicine. And however much we may appreciate our professional dignity, it is well to have an eye to the practical bearings of the subject. For myself, and I find it the usual custom in this town, I make an arrangement with a druggist to dispense medicine for me at a moderate rate, and I supply my patients and make an inclusive charge. With the better class of patients, who are able to pay both doctor and chemist, I write prescriptions, and they send them where they please.

The system of provident dispensaries, which are a great boon to the working classes, tends to throw the bulk of that class of practice into the hands of a few men who are lucky enough to obtain the appointments. To obviate this, the rest of the junior practitioners are bound, in self-defence, to form medical clubs at about the same rate of pay. Under these circumstances it is impossible to make money at all without some arrangement of charges with a chemist or supplying medicine from a surgery. And as to the question of medical men dispensing their own drugs, I have heard from several friends in country districts that they are literally obliged to do so, owing to the absence of druggists, or to the unsatisfactory dispensing of those that exist, and that their patients prefer to have their medicine from the much-abused surgery.

It is surely hardly fair to class all practitioners who dispense their own medicine with the individuals who parade the cheapness of their physic, and who send round circulars calling attention to their giving advice at sixpence, visits at

a shilling, and night visits, according to a recent production here, from two shillings. No expression of public opinion can touch such men, and it is to be hoped that they have their reward, for they eat much dirt in their attempts.

A great objection has been made to the giving of prescriptions to patients, owing to the habit which obtains of their not only dosing the members of their own family with the same medicine under apparently similar illnesses, but of their handing over the prescription to any of their suffering friends. Thus, a medical man may be the means of rendering benefit (?) to a vast number of his fellow creatures with the gain to himself of, perhaps, a five-shilling fee. Now, this is decidedly philanthropic, but hardly lucrative. When we are all physicians or surgeons pure and simple, and all obtain large fees for our advice, then we shall be able to throw up all contact with the base drugs; but until that time many of us who have to attend the poor and needy will have to shape our arrangements accordingly, for surely it is better to allow the poor members of the community to pay a fee in accordance with their circumstances, and thus to feel independent, than to pauperise them or make them recipients of public charity, which is the only alternative.

With regard to the sneer at a certain licence, your correspondent should remember that many English students take a journey to Edinburgh so as to avoid some of the regulations of the body that examines for and grants that same licence.

I am, Sir, yours, &c.,

July 3rd, 1882.

A GENERAL PRACTITIONER.

URÆMIC CONVULSIONS AND COMA SUCCESSFULLY TREATED BY HYPODERMIC INJECTIONS OF PILOCARPINE, CHLORAL, AND BENZOIC ACID.

To the Editor of THE LANCET.

SIR,—An account of the treatment pursued in the following case may be of interest to certain of your readers, taken in connexion with a similar case described in your issue of June 24th. The patient, a boy of twelve, was suffering from acute nephritis, urine so scanty as almost to approach complete suppression, deeply tinged with blood, and highly albuminous. The treatment adopted at the outset consisted of a brisk purge of compound jalap powder, leeches to the lumbar region, warm blanket bath, and mild diuretic mixture. For two days the case progressed fairly well, but on the early morning of the third day being hastily summoned I found my patient in convulsions, perfectly unconscious, pupils dilated and insensible to light. At this juncture the treatment resorted to was the hypodermic injection of a third of a grain of the nitrate of pilocarpine and an enema of chloral hydrate. Copious perspiration was thus produced; the convulsions continued, however, as frequent but not so severe. On the forenoon of the following day the pilocarpine was repeated, likewise the chloral; similar diaphoretic effects resulting, with decided abatement of the convulsions. With considerable difficulty I now managed to give a dose of jalapine. As soon as the ability to swallow returned, benzoic acid in two-grain doses was administered every hour, and the strength supported by small enemata of beef-tea, to some of which was added a little brandy. From the time the power of swallowing returned benzoic acid was the only remedy used, and its use was continued for six days. It was given as above for the first forty-eight hours of that period and after that in five-grain doses every three hours. During these six days the patient, though free from convulsions and able to swallow, lay in a semi-conscious state, requiring to be spoken to loudly and shaken to get him to take anything. His vision was completely lost. He knew no one, could see nothing held up before him, not even a bright light, pupils still continuing slightly dilated. Under the steady use of the acid the urine increased in quantity, grew lighter in colour, and the albumen lessened daily. His mind became clear and vision once more distinct, convalescence being gradually established. Whether the theory regarding carbonate of ammonia circulating in the blood being the cause of uræmia be correct or not (and the recent experiments of Oppler and Zalesky seem to indicate that it is not), this is the second time within my own limited experience of such cases in which benzoic acid has done good service. Whether its mode of action be the conversion of the