again ceased. Tracheotomy was performed and all endeavours were renewed. The heart, which till now had continued beating, gradually failed and acupuncture failed to stimulate it. Efforts to revive were continued for over half an hour, till it was evident that they would be of no avail. Post mortem there were found old but not extensive pleuritic adhesions of both lungs posteriorly, each pleural cavity containing a few drachms of clear fluid. The lungs were deeply pigmented, but healthy. The pericardium was covered with much fat and contained a drachm or so of clear fluid. The heart was somewhat enlarged and the coronary vessels were much engorged. All the valves were healthy and competent. The walls of the ventricles showed very slight signs of fatty degeneration, that of the right one being thin and pale. About three-quarters of an inch above the aortic valves there was a small calcareous nodule. The stomach contained a little fluid semi-digested food. All the other organs were healthy, and there was no obstruction in the pharynx or trachea. Rather less than one ounce of chloroform was used from a graduated drop bottle. The chloroform, which was from the same bottle, was apparently quite pure on test and had been used in other cases both before and since the one under discussion without any bad effect. The coroner's jury returned a verdict to the effect that death was due to syncope following the administration of chloroform properly and carefully given.

There is little to add to the above. This was purely a death from chloroform. The slight amount of fatty degeneration found in the heart post mortem did not preclude it from being regarded as an unusually healthy one for a man of that age and could have had little influence on the fatal issue. It is a curious point how many of these "accidents" occur in trivial operations. In this case, at all events, the patient was fully "under." There was ample interval between the different operations to negative any "cumulative" effect of the drug. Again, it is an example of the truth of the deductions of the Hyderabad Chloroform Commission in that the respiratory failure gave the first indications of danger. There was no alcoholic history in the patient and the post-mortem examination proved an unusually healthy condition, taking into consideration the age and employment of the patient. Given, as in this instance, the experience of the anæsthetist, the purity of the anæsthetic, and the apparent health of the patient, this and similar cases are, under our present knowledge, unexplainable. We are, Sirs, yours truly,

SELBY W. PLUMMER, M.D., B.S.
ROBT. ROBINSON, M.B., C.M.

County Hospital, Durham, Oct. 3rd, 1893.

AMERICAN MEDICAL SCHOOLS.

To the Editors of THE LANCET.

SIRS,—I regret the fact that my epistle will not reach you until the eleventh hour, for I should like to be permitted to add my mite on behalf of our institutions. First, permit me to state, with all due respect, that, whilst you have made a good representative selection, you have not done justice to them. You disparage the short term of eight or eight months and a half, yet, for climatic reasons, I scarcely see how it could be prolonged, for it would tax the powers of any student to work with the thermometer ranging from 90° to 100° F. in the shade, or 104° as we had it in the summer of 1892. Hence the number of hours spent at clinical and didactic lectures each day—viz., from four to eight, which with "quizzes" often mounts up to ten hours, exclusively of the time devoted to study in the sanctum. Without going into detail, you can readily perceive that this method brings the number of lecture hours almost, if not quite, up to that required in your own schools. You say in your Students' Number: "The Americans are amongst the shrewdest and most practical of mankind," and truly they must be, for, despite the immature state of medicine on this continent, witness the brilliant superstructures which have been raised upon a foundation far more open to condemnation than that now under discussion, whose industry and achievements have won world-wide fame, and whose books are used as text-books in English and German schools. Until we are represented in the Federal Government by a Cabinet medical officer who, with competent men selected from the various States, constitutes an advising and governing board, we cannot hope for much improvement in the rank and file. Whilst cheap schools and schools whose examinations are notoriously easy to pass are permitted to foist their "products" on the unsuspecting public, the better schools, which are also com-

pelled to look to the students' fees for their support, cannot make the desired changes. The University of Pennsylvania has always been a pioneer in this direction, yet it would be suicidal to require a classical or scientific entrance examination, and it is in this that we lack—viz., the preliminary education. "American M.D.," in THE LANCET of Sept. 16th, apparently advances quantity in defence of his *alma mater*. Until three years ago Jefferson College of Philadelphia and Bellevue of New York City ground out between two and three hundred men every spring. Why? Because the course consisted of two terms of about twenty-four weeks each; hence it furnished an easy road to the coveted end. At Ann Arbor the fees are much less than at any of our Eastern colleges, but the institution has a very fair rating. Though nominally a four years course, a year spent with a preceptor exempts the candidate from the first year provided he passes an examination in osteology. It is quality we want; quantity we have. I sincerely trust that I may some day see the following plan in operation: firstly, a rigorous preliminary examination in science or arts; and, secondly, a separate examining board. Then may we expect to see our physicians accorded the same lofty standing which our surgeons have so richly won.

I am, Sirs, yours truly,
Philadelphia, Sept. 25th, 1893. W. E. ROBERTSON, M.D.

THE EARLY HISTORY OF OVARIOTOMY.

To the Editors of THE LANCET.

SIRS,—In your obituary notice in THE LANCET of Sept. 30th of Mr. Clay reference is made to him as "the pioneer of ovariectomy," and it is stated that he performed his first ovariectomy in September, 1842. I do not think that it is generally known that my father (Dr. Protheroe Smith) in 1842, the year in which he founded the Hospital for Women, performed his first ovariectomy, which was one of the first, if not the first, performed in this country.

I am, Sirs, yours faithfully,
Oct. 2nd, 1893. HEYWOOD SMITH.

SCARLET FEVER AND RÔTHELN.

To the Editors of THE LANCET.

SIRS,—With reference to an article by Dr. Atkinson in THE LANCET of Sept. 23rd on the diagnosis between scarlet fever and rôtheln, I confess that the association of the following features would make me think twice before I said definitely that the case might not be scarlet fever. "Dark scarlatinal-looking rash on the neck and chest, a slightly ulcerated throat, the temperature when first seen 100° F., followed by peeling, which continued for one month afterwards." Surely Dr. Atkinson does not mean to say that the glandular concatenatæ are never enlarged in scarlet fever?

I am, Sirs, yours truly,
EDWARD CULLINAN, M.R.C.S., L.R.C.P. Lond.
Hammersmith, Sept. 27th, 1893.

FORMER IDEAS REGARDING CHOLERA.

To the Editors of THE LANCET.

SIRS,—Sir Thomas Watson's belief that a great majority of the cases of cholera "are attributable not to direct contagion but to the poison diffused through the atmosphere" was declared half a century ago; but the impulse it ought to have given to investigation into the meteorological factors or features of the epidemic seems to have unaccountably collapsed. Some of your lay contemporaries have drawn attention to the "cholera cloud," or, as others term it, the "cholera mist," which so frequently harbingers an explosion of the disease. That atmospheric phenomenon was observed by Captain Norman in the Black Sea waters off Varna during the terrible visitation of 1854; nay, twenty-two years before that date, during the first appearance of the malady in 1832, the coincidence of a cloud which preceded the descent of the invader on the Dumfriesshire coast had not escaped the eye of Thomas Carlyle; but of all descriptions of the ominous "cholera cloud" none is so dramatic as that given in *The Times* of 1867, in the autumn of which year there occurred at Albano, near Rome, one of the most frightful outbreaks of the disease known in medical annals. In the first week of August that delightful retreat was especially crowded with visitors