THE USE OF COCAINE IN MINOR SURGERY.

To the Editor of THE LANCET.

SIR,—The following is, I think, a good instance of the value of cocaine in small operations:—

Miss B—, whose breast I removed for scirrhus in February, 1884, found a week ago that two small nodules of the disease, each about the size of a pea, very hard and painful, had appeared near the cicatrix of the operation wound. The nodules were about three inches apart. On January 23rd I injected three minims of a 4 per cent. solution of the hydrochlorate of cocaine on either side of one nodule; and, finding that after waiting ten minutes there was no pain on pinching the part, I cut down and removed the nodule, having to make an incision an inch and a half long. The patient felt absolutely nothing of the operation until I inserted the sutures, and that, she said, was hardly to be called pain. After closing the wound I injected another three minims near the second nodule, and operated in the same way; and although a little pain was felt, owing, I believe, to my not having waited sufficiently long for the third injection to take effect, it was very trifling; and from beginning to end this operation under cocaine was a decided success. There were no after-effects from the drug, and both wounds are healing by first intention.

I am, Sir, faithfully yours,

J. HERBERT SIMPSON, M.D.,
Surgeon to St. Cross Hospital, Rugby.

THE ADMINISTRATION OF ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—Being deeply interested in the administration of anæsthetics, I have read in this day's LANCET an account given of a death during or apparently subsequent to the administration of ether in the London Hospital on the 14th instant, reported by the house-surgeon, Mr. Proctor Selby Hutchinson. From a careful perusal of the same I have come to the conclusion that ether should not be blamed for the unhappy termination in the case. The post-mortem examination, independent of the anæsthetic used, revealed causes quite sufficient to produce death—viz., "The lungs were found emphysematous and congested. There was bronchitis, with a quantity of mucus in the tubes. The lower lobes did not contain much air. At the upper part there was more œdema. Trachea congested, containing frothy secretion. Heart flaccid, right ventricle and auricle occupied by soft coagulum; great increase of fat on surface of the same, and very little muscular tissue." Mr. Hutchinson states that Dr. Turner, who made the autopsy, considered that death had been brought about by fatty heart combined with bronchitis and emphysema; an opinion with which I cordially agree.

What I now wish to state is what I have stated repeatedly, and that is that all anæsthetics are dangerous, and will induce death if pushed too far; but of all anæsthetics I believe ether, properly and judiciously administered, is the safest, for it will never produce syncope or failure of the heart's action, no matter how much is given. It will produce asphyxia, or failure of respiratory action; but, as this is a very slow process compared to the former, timely warning is given to the anæsthetist to anticipate and prevent any untoward result, whereas syncope comes on and ends with such rapidity that there is no time for remedies. I also maintain that when bronchitis or pleuro-pneumonia is present to any great extent, ether or any anæsthetic is dangerous to use, and should not be administered.

In the administration of such agents I would suggest—

1. That all anæsthetists should understand the properties and dangerous effects of each anæsthetic administered.
2. That all administrators should be qualified physicians or surgeons, and that they should carefully and thoroughly understand the process and degrees of anæsthesia before undertaking the very grave duty and responsibility of placing a human being into the mysterious sleep of insensibility.
3. That previous to any anæsthetic being administered, a careful and thorough examination of the thoracic cavity and its contents should be made, so as to detect, before it is too late, bronchitis or other pulmonary affection, as well as the condition of the heart.
4. That the administration of ether or any other anæsthetic should not be prolonged beyond the actual time required for the perform-

ance of the surgical operation. This I think it right to mention, as in a recent visit to some London hospitals I observed that the administration of ether with my inhaler was continued long after, in my opinion, there was any necessity for its use. After the main steps of an operation are over, anæsthesia, in the majority of cases, need not be continued. 5. At the slightest approach of danger, such as lividity and pallor of the face, stertorous breathing, cessation of the respiratory action or pulse, the anæsthetic should be at once discontinued, and fresh air given to the patient; and even when he has come round, the anæsthetic should not be there and then again administered, even should it be necessary to postpone the operation. The continuance of an anæsthetic after such warning symptoms can only lead to the most unfavourable consequences. 6. That the person deputed to administer the anæsthetic should devote his entire attention to the anæsthesia of the patient and to nothing else. He should not attempt to look about him or observe the progress of the operation. When mishaps have occurred they have frequently been due to inattention on the part of the anæsthetist. A competent and careful anæsthetist is, in my opinion, as important, and vested with as much responsibility during an operation, as the operator himself.

I am, Sir, yours truly,

L. HEPENSTAL ORMSBY, M.D., F.R.C.S.,
Surgeon to the Meath Hospital and County Dublin Infirmary.
Merrion-square West, Dublin, Jan. 24th, 1885.

WHOLE-MEAL BREAD.

To the Editor of THE LANCET.

SIR,—In some remarks upon wheat-meal bread in a recent number of THE LANCET, you mention me as the author of important improvements in the decortication of wheat; whereas, in fact, I am opposed to the decortication treatment, because it fails to accomplish the object intended. My improvements comprise a new and original system of meals and breads which not only raises the standard of the products, but saves their cost and facilitates their manufacture. That is, having been at work practically upon the subject ever since originating the granular meal, and giving the process for it to the Bread Reform League, there has been built up by me, and step by step, a series of processes which will yield breads of superior excellence at the minimum of cost.

Yours truly,

CAMPBELL MORFIT.

Alexandra-road, Abbey-road, N.W., Jan. 22nd, 1885.

* * Dr. Campbell Morfit has forwarded to us three loaves of bread, illustrating his process and representing bread of the non-ferment class. No. 1 represents all the farina of wheat with some cerealine, amounting to 82-84 per cent. of the grain. No. 2 represents 94 per cent. of the wheat grain, or all except the tough portion of bran. No. 3 represents coarsely-ground wheat without any deduction whatever.—
ED. L.

THE PRESERVATION OF THE DEAD IN MORTUARIES AND ELSEWHERE.

To the Editor of THE LANCET.

SIR,—The arrest of decomposition in the dead is a matter the importance of which forced itself urgently upon my consideration during the heat of last summer in the execution of my duties as a coroner. The Local Government Board have issued suggestions and plans for mortuaries, which are very excellent if only the sanitary authorities would follow them; but at present, in some large and important districts, no public mortuary exists; and in others where there is one the best means are not taken of preserving the bodies from decomposition, nor are there even proper arrangements made for making a post-mortem examination. But my present communication is to beg the use of your columns in order to throw out a suggestion, having for its object the arresting of decomposition in bodies by means of cold.

I would suggest that in all mortuaries, where possible, there should be made a case of iron, enamelled or galvanised, sufficiently large to hold four, six, or eight bodies, divided into compartments of about 7 ft. long, 2 ft. wide, and 2 ft.