exact quantity of chloroform is evaporated in a given time and mixes in a known proportion with the inspired air; and, further, the proportion of chloroform can be lessened at will or can be maintained constant. This cannot be done with the rough-and-ready "open method." The teaching in London of Snow, Clover, and their followers has always been to regard "stertor" as an evidence of obstructed breathing, and to insist upon the extreme danger of that symptom. In no well taught London hospital would a student be permitted to continue the inhalation of chloroform to a stertorous patient.—ED. L.

"DUBLIN INFECTIOUS HOSPITALS SCHEME."

To the Editors of THE LANCET.

SIRS,—In reference to the above subject, permit me to make the following statements, which I submit to the judgment of your readers. 1. The draft scheme for providing isolation hospitals outside the city of Dublin was drafted by me and submitted to Mr. Stafford, the medical inspector of the Local Government Board of Ireland. Mr. Stafford amended the scheme, and it was then submitted to and approved of by the Public Health Committee. 2. The scheme was submitted to a conference of representatives of the local sanitary authorities, and it was distinctly stated to them that the scheme could be modified in any way provided that provisions were made in it for establishing one or more hospitals for small-pox and a home for convalescents from infectious diseases outside the city. 3. In the draft scheme no reference is made to the existing Dublin hospitals, and a motion made at the conference to consider the question of the public money grants made to them was spoken against by me and was rejected. 4. In the recent small-pox epidemic there was not sufficient accommodation for the patients in the fever hospitals, and hundreds—chiefly convalescing cases—were obliged to go into the workhouse hospital. 5. The council of the Dublin Sanitary Association played a sorry part when they tried to stifle a scheme which was chiefly designed to provide a proper hospital for small-pox and a home for convalescents from infectious diseases. It is a new departure for a sanitary association to show solicitude for the ratepayers and apprehension that the establishment of isolation hospitals might interfere with medical education. 6. It is a pleasure to me to be able to state that at the beginning of our small-pox epidemic the authorities of the general hospitals at once agreed not to admit small-pox cases. I trust the time is not far off when they will extend the exclusion to a few other infectious diseases—scarlet fever and typhus fever, for example. There are in Dublin eight general hospitals (some of them with maternity departments) in which fever cases are received.—I am, Sirs, your obedient servant,

CHARLES A. CAMERON,

Superintendent Medical Officer of Health.

Public Health Office, Dublin, Nov. 2nd, 1895.

THE EFFECT OF CHRONIC NASAL OBSTRUCTION ON THE GROWING SKULLS OF YOUNG PERSONS.

To the Editors of THE LANCET.

SIRS,—Will you permit me to call attention to a point I have long insisted on—namely, the irreparable damage done to the growing upper maxillary bones, and consequently to the facial appearance, of young persons the subjects of chronic nasal obstruction? I have observed in a multitude of instances the constant association of narrow, flattened faces, pinched upper lips, highly arched palates, and crowded, irregular teeth with chronic nasal obstruction in one form or another, notably with deflected septa and turbinal hypertrophies and engorgements. Continental and American authors have frequently noticed this association, but apparently have not hit upon the relation of one to the other. For instance, Trendelenburg has pointed out the frequent association of highly arched palates with deflections of the nasal septum. Jarvis has reported a series of four cases in the same family, and thinks they are hereditary. Bosworth and many others have noticed the same association

and have offered various explanations, none of which appear to me sufficient.

I venture to think Ziem has set the matter at rest by his experiments. Ziem has proved that every obstruction of the nose exerts widely spread consequences on the development of the skull in young animals, one of whose nostrils he completely closed up for a long time. There was seen a deviation of the intermaxillary bone and sagittal suture towards the shut-up side; also lesser length of the nasal bone, of the frontal bone, and of the horizontal plate of the palate bone; and less steep elevations of the alveolar processes; smaller distance between the anterior surface of the bony auditory capsule and the alveolar process, also between the zygomatic arch and supra-orbital border; and smaller size and asymmetrical position of the vascular and nerve canals on the closed side of the nose. The distance of the two orbits from the middle line was unequal, which, as has been observed in man, leads to asthenopia, astigmatism, and strabismus.

I am, Sirs, your obedient servant,

Harley-street, W., November, 1895.

MAYO COLLIER.

"THE PHYSIOLOGY OF DEATH BY ELECTRIC SHOCK."

To the Editors of THE LANCET.

SIRS,—One result of the publication of my letter in your issue of Oct. 26th has been that a former pupil of mine (Mr. Charles H. Piesse) has done me the favour to send me a reference to an interesting paper in THE LANCET of Oct. 4th, 1890, by Mr. Percy Pope. For the benefit of those of your readers who may not be able to refer back to that number of THE LANCET I beg permission to state briefly the main points of the lucid narrative.

A number of soldiers at Aldershot were stationed under some small trees watching a cricket match when a sudden flash of lightning, like the bursting of a shell, was followed by cries for help from the men under one particular tree. Five men were found to have been more or less injured. No. 1, who had been sitting on the ground with his back against a tree from which a portion of bark had been stripped close to his head, was dead; the breathing and pulse had ceased and artificial respiration failed to revive him. No. 2 was quite unconscious; the respiration had ceased, but the pulse was still perceptible. "In this case artificial respiration was rewarded after some minutes by a gradual return to consciousness." Brandy was then given; he was removed to hospital and soon recovered. Nos. 3, 4, and 5 recovered consciousness without artificial respiration some few minutes after being struck. The state of the pulse and breathing during the brief unconscious period is not mentioned. All the four men were able to return to duty within a few days. It is remarkable that the man who was killed had no marks of injury on the head or face, but No. 2 had his hair singed, and there were marks of burning (like ecchymosis) on the left side of the face, neck, and upper part of the chest.

These cases afford interesting illustrations of three degrees of injury from lightning shock. No. 1 was fatally injured, with simultaneous arrest of the heart's action and breathing; No. 2 was unconscious, with suspended breathing, but was restored by artificial respiration; and Nos. 3, 4, and 5, temporarily unconscious, probably with suspended breathing, recovered from the shock without special assistance. The practical lesson is that *one man's life was saved by artificial respiration*. Some interesting particulars were given of the condition of the patients after the return of consciousness, but with these I need not occupy your space.

I am, Sirs, yours faithfully,

Savile-row, Nov. 4th, 1895.

GEORGE JOHNSON.

"A VERY EFFECTUAL METHOD OF TREATING MALIGNANT DISEASE OF THE BREAST."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 12th, 1895, under the above heading, appears an article by Mr. Arbuthnot Lane. I have on two occasions performed an operation exactly similar to the one he describes for recurrent scirrhus of the breast, with the exception that the third part of the subclavian

artery in my cases was tied without preliminary resection of the clavicle. Both of these patients recovered from the operation. The first case was operated upon on May 30th, 1893, and full notes of the condition and operation are published in the Edinburgh Hospital Reports for 1894, page 480. This patient died in August, 1894, and I am indebted to Dr. Herbert E. Hick of Bradford, under whose care she was, for a note of her condition when she died. He says: "The operation was a complete success, as up to the time of her death there was no sign of recurrence of the disease in the neighbourhood of the scar." She died from a rapidly growing malignant tumour of the stomach. The second case has been operated upon too recently to make any further note of it useful, but so far as I can judge the whole of the diseased structures were excised, and this would have been impossible by any other method.

I am, Sirs, yours faithfully,

RUTHERFORD MORISON.

Saville-row, Newcastle-on-Tyne, Nov. 5th, 1895.

"THERAPEUTIC VALUE OF INTESTINAL ASEPSIS."

To the Editors of THE LANCET.

SIRS,—I read with great interest Dr. Williams's paper on the treatment of typhoid fever by the chlorine mixture. The only drawback I have found is the difficulty patients have in taking it; in several of my cases it has produced retching for some time afterwards. The mixture has invariably brought down the temperature, and with the above exception has generally improved symptoms. With regard to sulphurous acid, patients take it well and with the best results. The dose I generally prescribe is half a drachm to one drachm freely diluted with water, every three or four hours.

I am, Sirs, yours truly,

Khediye-road, Upton, Nov. 2nd, 1895.

E. H. BLAKE.

To the Editors of THE LANCET.

SIRS,—Dr. Burney Yeo has drawn my attention to a mistake I made in attributing to him the first use of the chlorine treatment in "typhoid" &c., and has referred me to his book, in which I should find references to "Watson, Murchison, and others." I see that Dr. Williams speaks of the benefit of this treatment as "recommended" by Dr. Yeo. I take this opportunity, in common fairness to Dr. Yeo, of making this statement.

I am, Sirs, yours truly,

Harrow-road, Nov. 5th, 1895.

A. L. GRIFFITH.

"THE ADMINISTRATION OF OATHS IN COURTS OF LAW."

To the Editors of THE LANCET.

SIRS,—The quotation given by Dr. Bullock is also given in Notes and Queries, Fourth Series, Vol. X., p. 119. I believe it was the practice to lay the hand upon the book "*tactis sacro-sanctis Dei evangelii*." The same publication mentions other curious facts in connexion with oath-taking, one being that in certain parts of Ireland it was formerly considered unlucky for a pregnant woman to take an oath within a certain period of her delivery. But no mention is made of the date when "kissing the book" first began, though this question was specifically asked by a correspondent twenty-three years ago. The Scotch oath is also mentioned, but no reason is given for the different mode of adjuration in England, Wales, and Ireland on the one hand, and in Scotland and the Channel Islands on the other. Can any of your readers help us to discover this?

I am, Sirs, yours faithfully,

Liverpool, Nov. 4th, 1895.

FRED. W. LOWNDES.

THE INFLUENCE OF HOT AND COLD DRINKS ON THE TEMPERATURE IN THE MOUTH.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 26th Dr. Lazarus Barlow drew attention to the influence of hot and cold drinks on the temperature in the mouth. I have often thought that one might easily be misled if the temperature were taken

in the mouth too soon after food. Two instances which have recently occurred to me show this. A few weeks ago I saw a boy suffering from tonsillitis. His mother, a few minutes before my arrival, had taken his temperature in the mouth and found it to be 102° F. I took it in the mouth and found it to be 100°. Our thermometers were tested and found to agree. On inquiry I found that he had had some hot beef-tea just before his mother took his temperature. The second instance occurred yesterday, when I saw a boy who had symptoms of influenza. Immediately on going into the room I put my thermometer in his mouth, when it registered 104°. Doubting the accuracy of this, I put it under his arm and found it registered 99°. After waiting a little while I put it in his mouth again, and found it registered 100·2°. Just before my arrival he had taken a glass of very hot milk. These two cases show how easily one may be deceived if one trusts entirely to the thermometer.

I am, Sirs, yours faithfully,

Bedford, Nov. 6th, 1895.

W. GIFFORD NASH.

"BERI-BERI."

To the Editors of THE LANCET.

SIRS,—I notice in THE LANCET of Sept. 21st a letter with the above heading which may possibly lead to some misconception, as the disease described—which is a very common and troublesome one among tea garden coolies, and of which Dr. Sheperd has given a perfectly correct account—is certainly not beri-beri but anchylostomiasis. There are intense anaemia and hydræmia, but none of the characteristic symptoms of beri-beri—no peripheral neuritis or any affection of the great nerves supplying the heart and lungs. It has certainly for a long time been known locally as beri-beri, owing, doubtless, to some misconception on the part of the practitioners who saw the earlier cases. The appearance of the patients is characteristic, but if any doubt exists as to the diagnosis of a particular case a simple microscopic examination of the faeces will, if they are present, instantly reveal the large non-operculated segmented ova without the trouble of washing out the worms. There is a delicate shell having a single contour, non-operculated, enclosing a segmented yolk separated from the shell by a colourless fluid. A good illustration of this and other intestinal ova will be found in "Davidson's Hygiene and Diseases of Warm Climates." With regard to the administration of thymol, I have never had any bad symptoms, even in delicate children, and I have given it to babies six months old. The proper way to administer it is dry, in which case very little is absorbed and the worm gets the full benefit of the dose. The effect of thirty grains given in ten-grain doses at four hours' interval is often magical, the anasarca disappearing before other treatment can be resorted to. I have never seen the slightest mental disturbance. A certain proportion of the cases are inveterate, and it will generally be found that these are earth-eaters. The coolies themselves recognise this. The curious part of it is that they cook the earth. I have never been able to discover the worm embryo or egg in earth or water, but have little doubt it develops in the soil. I do not know whether the disease is prevalent among the indigenous local population (the coolies are all imported and live under special local conditions), but I fancy not. I quite recognise the force of Dr. Sheperd's remarks as to the importance of the early recognition of the disease in ship's crews, emigrant coolies, and others, but must emphasise my objections to having thus easily cured disease confounded even verbally with such a serious disorder as beri-beri. A confusion of terms easily leads to confusion of diagnosis. I should be much obliged if any of your readers could give me an account, clinical, nosological, &c., of the disease known as "kala azar" which is so prevalent in some parts of Assam. I shall be happy, if you wish, to send you specimens and microphotographs of the eggs.

I am, Sirs, yours truly,

CHAS. E. SEAL, M.R.C.S.

Chundiechena Tea Estate, S. Sylhet, Oct. 11th, 1895.

PRESENTATION.—Mr. Algernon Sudlow, M.R.C.S., of Castle-Combe, Chippenham, has been presented by his friends, on retirement from the profession after forty-three years' practice in that village, with an illuminated address and a cheque for £150. The presentation was made, on behalf of the subscribers, by Sir A. Neeld, the high sheriff.