

citizens at large—refrain from doing unto *other men's wives* that which we would not do unto *our own*.

I am, Sirs, yours faithfully,
Lofthouse-place, Leeds, Feb. 23rd, 1897. THOS. M. WATT.

SLOW PULSE AND SYNCOPAL ATTACKS.

To the Editors of THE LANCET.

SIRS,—I would like to express my appreciation of Dr. Ogle's most interesting paper on Some Cases of Unusual and Persistent "Slowness" of Pulse, presumably dependent upon Interference with the Intrinsic Nerves and Ganglia of the Heart in THE LANCET of Jan. 30th. I have considered the subject briefly in one of my recent lectures on Angina Pectoris and Allied States. I was particularly interested in the original description by Stokes and Adams of those cases of slow pulse in which cerebral symptoms developed—what Stokes called false or pseudo-apoplexy. While vertigo and syncope are the two most common associated features, epileptiform attacks may develop, as in two of Dr. Ogle's cases, as well as in those of Dr. St. George Mivart and Dr. Gibbings, to which he refers. They have also been described by Dr. Kinnicutt in a case in which the pulse was between 30 and 40, and during the attacks as low as 13, and once 7.¹ Dr. Jacobi at the same meeting referred to cases with convulsive seizures. In the case of J. W—, given in my lectures, I have recently had a note from his physician stating that Mr. W— has as many as twenty-five attacks of vertigo and transient losses of consciousness in the day, and that his pulse now is permanently at 30 per minute.

A very interesting feature is the long duration of some of the cases. I saw in October a man, aged seventy-four years, who had been told thirty years ago that he had serious heart trouble and that his pulse was only 50 per minute. It remained slow until two or three years ago. In 1891, following a good deal of effort in preaching, he had an attack of angina pectoris, after which the pulse for three days beat at less than 38 to the minute. When I saw him he had cardiac dyspnoea without the bradycardia; he died suddenly one night. In another case, seen on Dec. 14th, the patient, a man, aged sixty-five years, had a pulse of 40 per minute. He had had two attacks of prolonged unconsciousness, one in June, 1895, after which he felt a good deal dazed, and the other in June, 1896, when he was unconscious for twenty minutes.

Huchard's discussion of this syndrome, or, as he calls it, "maladie Stokes-Adams," is most interesting and deserves more attention than it has received from English writers. I do not know the source of the statement made in my text-book (to which Dr. Ogle refers) as to Napoleon's epilepsy. Part at least of the vocation of an author of a work of that kind is "endless imitation," though I have tried in many points to go to original sources. Those acquainted with Archbishop Whately's famous pamphlet, "Historic Doubts Relative to Napoleon Bonaparte," will feel thankful to Dr. Ogle that he has left two at least of the three interesting medical features in the history of that great man.

I am, Sirs, very truly yours,
Feb. 12th, 1897. WILLIAM OSLER.

P.S.—It is possible that Colonel Townshend's case belongs to this remarkable group ("English Malady," second edition, p. 307). The disappearance of the pulse was associated with syncope. Colonel Townshend's statement, as given by Dr. Cheyne, was that "he could die or expire when he pleased, and yet by an effort or somehow he could come to life again, which it seems he had sometimes tried before he had sent for us." The physicians in attendance were very unwilling that he should make the trial in his weak state, but he insisted. His pulse became more and more feeble until it disappeared. He remained pulseless and breathless for about half an hour, and then he began to breathe quietly and speak softly. This was at 9 A.M., and he died at five o'clock the same evening. Apparently this is the only reference in literature to Colonel Townshend's case. I have tried in vain to get any other information as to his supposed power of stopping the action of the heart. It is not even mentioned whether he had ever tried it before his final illness in Bath. The necropsy showed a chronic tuberculous disease of the right kidney, a condition often associated with hypertrophy of the heart.

¹ Transactions of the Association of American Physicians, vol. iv.

"AN UNUSUAL CASE OF TUBAL ABORTION."

To the Editors of THE LANCET.

SIRS,—In connexion with this case¹ I have to plead once more that a correct nomenclature is of importance even in gynæcology. The case as narrated is one of tubal pregnancy with recurrent hæmorrhage through the ostium. Tubal abortion it most certainly was not. Had abortion occurred the products and the clot would have been speedily absorbed and no operation would have been necessary. Mr. Sutton's nomenclature is another example of the confusion I predicted when he first introduced the phrase "tubal abortion."

I am, Sirs, yours truly,
Birmingham, Feb. 20th, 1897. LAWSON TAIT.

HOSPITAL FOR INCURABLE FISTULÆ, &c.

To the Editors of THE LANCET.

SIRS,—When the question of distributing the enormous funds which must shortly accrue to the hospitals through the energy of the Prince of Wales, aided by the zeal of the daily papers, duly arises, I trust that the numerous class of most unhappy sufferers for such maladies as the above will not be lost sight of. They are not relieved by any of the existing institutions, which must of necessity refrain from admitting into their wards patients whose lesions emit offensive effluvia and are not quickly remediable by operation. These "pariahs," chiefly female, are usually too poor to pay for the costly personal attention they really need, and hence are a life-long burden to themselves and their friends. A special home for such is a real and urgent want, as I am sure scores of medical practitioners will readily testify. The present year of jubilee would seem to offer an opportunity of remedy.

I am, Sirs, yours faithfully,
Gloucester-place, W., Feb. 13th, 1897. HERBERT SNOW.

"A QUESTION FOR ANÆSTHETISTS."

To the Editors of THE LANCET.

SIRS,—Mr. Lucas's "Question for Anæsthetists" has long been an interesting one to me. For many years past I have always scalded my ether apparatus out after using it. I find two advantages from this: one, the apparatus lasts longer, for nothing in my experience spoils rubber and metal quicker than moist, foul mucus; the other is that I feel that I have not put over my patient's face an apparatus that I would not like to have put over my own. As to the question of causing pneumonia by direct contagion, I think the answer is in the negative, otherwise that disease would be infinitely more common than it is. I believe that the irritation of the ether so injures the mucous membrane of the lungs that a doorway for the bacillus to enter is opened. I suppose, too, that the bacillus pneumoniae is fairly common in the dust and air, more especially in hospitals where cases of the disease are nearly always present. Of two persons on an athletic sports ground who get chilled or wet, the one who has undergone the fatigues of a race is more likely to get pneumonia than he who is a mere spectator of the race. So here we have a patient depressed by the fear of the operation, by the operation itself, and when we add the intense hyperæmia and even congestion caused by the ether it is no wonder if the bacillus takes up its abode in such a suitable soil as the injured mucous membrane. I am under the impression that so long as we have to deal with a strong irritant like ether we shall have cases of pneumonia following its use, but I do not think they are many in number. Mr. Lucas's "question," however, will do good if its answer is the increasing care by anæsthetists of cleanliness in their work.

I am, Sirs, yours faithfully,
F. WILLIAM COCK, M.D. Durh.
Porchester-houses, W., Feb. 23rd, 1897.

"AN UNUSUAL RESULT OF ABORTION."

To the Editors of THE LANCET.

SIRS,—On Jan. 24th a patient of mine had an abortion starting with sharp labour pains and profuse hæmorrhage. A

¹ THE LANCET, Feb. 13th, 1897, p. 432.