those troublesome and often seemingly intractable cases of irritable bladder with spasmodic contraction of the sphincter vesicæ. The surgeon is often led to think that he is dealing with an absolute stricture, so sensitive and contracted is this portion of the canal that it hardly yields under an anæsthetic. I had made some small bougies of gelatine about three inches long, charged with one quarter of a grain of hydrochlorate of cocaine, of about the calibre of the normal urethra. These were pushed down the urethra to the irritable neck of the bladder by an ordinary elastic catheter, the result being that the patient in the first instance almost immediately expressed the opinion that he is "going to get control" over his bladder; and, secondly, that the surgeon was enabled at once to make a most thorough examination without his patient suffering any pain whatever. Of course the treatment must be continued; but in these most vexed cases, if the patient at the outset of fresh treatment experiences any relief, even for a limited time, he is on the high road to further improvement, and no doubt eventually to a cure.

Wimpole-street, Feb., 1885.

I am, Sir, yours, &c.,
EDWARD BELLAMY.

DEATH DURING ANÆSTHESIA.

To the Editor of THE LANCET.

SIR,—In your issues of Nov. 15th, 1884, and Jan. 24th of the current year two deaths during anæsthesia are recorded, the anæsthetics employed being methylene and ether respectively. In these cases a point of so much practical importance is raised that I venture to draw attention to it. A dangerous and misleading view, which the anæsthetist is apt to fall in with, is that which assumes that the danger to the patient and the degree of narcosis rise and fall *pari passu*; that the smaller the margin of vitality the less ether &c. should be given. I have often seen operations performed upon "unfavourable" cases, when the patient never became fully under, but came round time after time, the anæsthetist fearing to produce complete narcosis. But the truth is that the two "dangerous" points are the "half-under" and the "half-round" degrees of narcosis; but especially the former of these—when, that is, the energy of the respiratory and cardiac centres is lowered, whilst reflex susceptibility is not yet abolished, but rather intensified, a condition analogous to the irritability of exhaustion, when the breathing is irregular and the pulse rapid and feeble. To this succeeds, after a few inhalations, the quiet regular breathing, and fuller, slower pulse of complete narcosis. In the former condition (of semi-narcosis) any operative measure takes the patient at the greatest disadvantage. The deaths that I have seen, and some that I have read of, seem to me to have indisputably occurred during semi-narcosis, and to have followed with marked suddenness upon some operative proceeding. I have seen two deaths occur at the commencement of eolotomy (a child and an old woman being the patients), both such feeble subjects that narcosis was not fully established. At the first skin incision the child's pulse ceased suddenly, almost as though it had been shot through the heart. The woman's case was strikingly similar; she had partially come round during a momentary delay in commencing, and was sick. As the first incision was made in the skin the woman gave a couple of gasps, and the pulse and breathing ceased together. In the case you record of death under methylene, narcosis was "with difficulty induced"; "the pulse was good," but "at the commencement of the operation the patient became rapidly cyanosed, and the heart's action suddenly ceased." What was the cause of death? Not some peculiar susceptibility of the system, for the patient had taken methylene on a previous occasion without difficulty; not his general condition of health, nor special cardiac condition, for both were good; evidently not the operation (division of the ulnar nerve). I think one must conclude that death was due to a fatal inhibitory impulse, excited by the incision, acting upon the heart during semi-narcosis. In the death during ether, the man "had partially come round," and the bag was put over his face without any more ether, whilst reduction of the dislocation was effected; in a minute or so he was observed to have become very pale, and the breathing very feeble; all attempts to revive him failed. Here, apparently, the shock of forcible reduction during semi-narcosis, acting upon a condition of great vital debility, was the cause of death. Apologising for occupying so much of your valuable space,

Feb. 9th, 1885.

I am, Sir, yours, &c.,

J. PHILIP GLOVER, M.B.

RALPH WALDO EMERSON.

To the Editor of THE LANCET.

SIR,—It may interest some of your readers to know that Ralph Waldo Emerson (whose biography Dr. Oliver Wendell Holmes has just written) suffered during the last ten years of his life from well-marked symptoms of aphasia. According to Mr. Conway, "There was something striking in the kind of forgetfulness by which he suffered. He remembered the realities and uses of things when he could not recall their names. He would describe what he wanted or thought of. When he could not recall a 'chair,' he could speak of that which supports the human frame; and 'the implement that cultivates the soil' must do for a 'plough.'" This account of the ailment of the great American essayist is interesting from a medical standpoint, showing, as it plainly does, how an active brain will overcome apparently insurmountable physical difficulties due to localised disease of its substance. In the present instance I take it that this result was effected by utilising circuitous efferent nerve tracts in the healthy tissue around the lesion.

I am, Sir, yours truly,

Brighton, Feb. 5th, 1885.

W. AINSLIE HOLLIS.

MANCHESTER.

(From our own Correspondent.)

THE MANCHESTER MEDICAL SOCIETY.

THIS Society has now completed its fiftieth year of existence, and at the meeting held on the 4th inst., Dr. Walter Whitehead took the chair as President for the ensuing year, in succession to Dr. Leech, who retires after having held that office for two successive years. Both financially and numerically it is in a very flourishing condition; it numbers 240 members, possesses the largest medical library in the provinces, and has had £500 bequeathed to it during the past year. It has lost two of its oldest members, Dr. Noble and Dr. Joseph Stone.

THE ROYAL INFIRMARY AND THE CORPORATION.

The dispute already noticed as having arisen between the Royal Infirmary and the Corporation, concerning the excessive charges of the former for cases of fever treated at their hospital, has resulted in the former paying in full the charges in dispute; and at the last meeting of the Infirmary Board certain proposals were brought forward and approved for submitting to the Health Committee of the Corporation: they are, briefly, that the Fever Hospital must be extended if the Corporation desire to continue the use of it; that the cost of such extension will be £20,000, of which sum the infirmary will provide about £3000, being the profit they have made by the treatment of the Corporation patients during the past three years, and that they will advance the remainder of the money as a loan to the Corporation, the latter to pay interest on such loan; that the infirmary will contribute £500 a year towards the maintenance of the hospital, the remainder to be found by the Corporation; and that the management of the hospital shall be retained by the authorities of the infirmary. These proposals have been submitted to the Health Committee, and their decision is now awaited before any further steps are taken.

SANITARY MATTERS.

At the last meeting of the City Council several matters of much sanitary interest came up for consideration. The Rivers Committee submitted a report upon their inquiries and investigation as to the best means of the disposal of sewage, with a view to the non-pollution of the river by sewage matters. The three systems of irrigation, intermittent filtration, and precipitation were described and their respective merits pointed out. The same committee are to make further inquiries and report again prior to the whole matter being gone into. Manchester has at present in operation over a very large area the pan system of closets with weekly removal, so that the problem here should present less difficulties than in towns where all sewage is turned into the sewers. The Parks Committee submitted a proposal for the purchase of a large open space in one of the suburbs, known as the Ardwick Polygon, and the Council sanctioned an expenditure of £20,000