for when they begin to breathe freely they often make up for lost time by inhaling very deeply.

In whatever way chloroform depresses and stops the action of the heart there can be no doubt that the stronger the chloroform inhaled the sooner is the heart depressed; and further, that the sooner we can supply the lungs with a reviving atmosphere the greater is our chance of restoring a patient from an overdose. It must also be evident that the delay in supplying a reviving atmosphere will be in proportion to the strength of the atmosphere we have to dilute.

Probably many more cases of recovery from impending death have occurred than fatal cases. I think the different result in these cases must have depended more on the doses than on the difference of the patients, and believe that of those who have died one-half would have been saved if there had been but one per cent. less of chloroform in their lungs when their dangerous state was observed.

It is well known to those surgeons for whom I am in the habit of giving chloroform that I make no objection to give it in disease of the heart, lungs, or indeed in any disease where a painful operation has to be done; and many of my patients have been supposed to be very bad subjects for chloroform; yet I have never had a fatal case from administering chloroform or any other anæsthetic.

I feel it a duty to make this statement because it seems to me good evidence in favour of a plan of never giving more than $3\frac{1}{4}$ minims of chloroform in 100 inches of air, and of watching the pulse with even greater vigilance than the breathing—the plan which I have for many years advocated and practised.

Your obedient servant,
Cavendish-place, Oct. 30th, 1872. J. T. CLOVER.

THE PROGRESS AND GEOGRAPHICAL EXTENSION OF CHOLERA IN THE KHANATES, CENTRAL ASIA, IN 1872.

To the Editor of THE LANCET.

SIR,—Cholera, in its epidemic form, first broke out in the Russian province of Turkestan, Central Asia, in the middle of April, appearing next, on the 11th June, further south, on the northern side of the mountains forming the northern boundary of Bokhara. It next made its appearance in the beginning of July, at Kokand, on the Iaxartes, north-east of Bokhara, also showing itself at the same time among the native population and among the Russian troops in Samarcand. The Russian Military Medical Inspector, Mr. Suvorof, at once pronounced it to be "Asiatic malignant cholera." It was seen to be, in most cases, fatal in twenty-four to thirty-six hours. In 1847, when it last appeared in this country, it swept from Persia through Inner Asia into Russia, and so on over Europe. Mr. Suvorof considers that in this instance, also, the epidemic comes from the same Persian or Indian central source. On the 30th June it broke out in Tashkend, 213 cases out of 400 terminating fatally in the first four days. In Themkend, north of Tashkend, it appeared on the 13th July, and spread thence, day by day, as it were, down the Iaxartes to all the Russian forts on that river to the Aral Sea. In Tashkend alone, from the date of its first appearance, 30th June, to its subsidence, there were 3267 cases and 2261 deaths in a population of about 40,000. The medical inspector has reported the entire cessation of the epidemic on the 26th August. About 4000 deaths he reports to have occurred for the period 20th April to 26th August, 1872. About the middle of August, cases of cholera broke out among a body of recruits brought from the interior of European Russia and landed on the north-east coast of the Caspian. Also at the same time, we learn from India and other sources that the Khanate of Bokhara became invaded, culminating in a fearful explosion of the epidemic in the city of Bokhara, where by the first week in September the deaths are reported to have reached to even 1000 to 1200 a day, happily fast subsiding by the middle of October.

I would especially direct the attention of epidemiologists to the accurate chronological data conveyed in the above, together with a close scrutiny and study of the comparative

climatology, &c., of the Khanates with that of the Indian, Persian, and Russian (European) regions, which have been so terribly devastated with the epidemic during the present year, and which is now slowly creeping onwards towards Western Europe.

I remain, Sir, yours obediently,

WILLIAM D. MICHELL.

Old Cavendish-street, Nov. 5th, 1872.

THE USE OF PHOSPHORUS IN NEURALGIA.

To the Editor of THE LANCET.

SIR,—Phosphorus is a remedy little, if at all, employed by the regular practitioner in cases of neuralgia, though, I believe, frequently exhibited by the homœopath. A case, however, came under my notice some time since which so strikingly illustrated its value as to induce me to record it.

A gentleman, who had for years suffered acute and frequently recurring paroxysms of neuralgia of the chest walls, applied to me for advice. I found that he had been a regular round of London and provincial doctors, and that every plan and remedy appeared to have been tried—from the hyssop on the wall, in the shape of quinine, to the cedar of Lebanon, in the form of Pulvermacher's chains and heroic doses of arsenic. Suffice it to say that I failed as signally as my predecessors in affording him anything but temporary relief, and, under the circumstances, could not repine at his seeking aid from the homœopath. My surprise, however, was considerable in finding that the ease for which he had so long sought, and sought in vain, was procured in a very brief space of time by this change of doctors. "Happy are they that can hear their detractions, and put them to mending." I lost no time in ascertaining the remedy which had worked so speedy, and, as it proved in the sequel, so permanent a cure, and found that it consisted of the so-called mother tincture of phosphorus, of which he was ordered to take five drops on the advent of an attack, and repeat them as occasion required.

This tincture of phosphorus is a solution of phosphorus in ether, which dissolves about 1 per cent., so that each dose contained about one-twentieth of a grain of phosphorus—scarcely homœopathic according to old-fashioned notions; *mais cela va sans dire*.

Not only was the pain relieved but the frequency of the attacks was lessened, until from suffering a seizure two or three times a week, as he had for some years, he has now been entirely free for more than four months.

Since the occurrence of this case I have frequently employed this preparation of phosphorus, and have often found it of signal service in curing neuralgia: especially, it has appeared to me, in those subjects who add to a highly nervous temperament some cause of nervous waste; so that I have considered it probable that the neuralgia has, indeed, in these cases been, as Romberg styled it, "the cry of the hungry nerve for blood," or, rather, for its own special pabulum in the blood, and that the phosphorus has directly supplied this want. I have also employed pills of phosphorus melted in suet and coated with gelatine, a preparation recommended by Squire when phosphorus is indicated; but I have not found them to possess any advantage over the phosphoric ether, while they possess the disadvantage of being difficult of preparation, and the universal pillular drawback of doubtfulness of destination, whether of absorption into the blood or of excretion by the bowels.

I am, Sir, your obedient servant,

Manchester, Oct. 1872.

S. MESSENGER BRADLEY.

PROFESSIONAL SUICIDE.

To the Editor of THE LANCET.

SIR,—The following points have occurred to me as crucial ones in practically and easily averting "Professional Suicide."

The consultant should never come into professional communication with the public, except through a general practitioner; and that there may be no possible mistake about this, a short account of the case and the suggestion of moot points for consideration should either be sent by