THE horses of the London General Omnibus Company are suffering from a strange and fatal malady. The disease appeared first among the horses employed in the Paddington district. It has been stated that in one stable alone twenty valuable animals lay dead on the same day, while at present there are over 200 affected. So far no explanation whatever has been given of the cause of the outbreak. A thorough inquiry into the whole matter should be made by experienced veterinary surgeons, and we might mention the name of Mr. G. Fleming as a gentleman whose services might prove valuable.

WE publish this week an obituary notice of the late Dr. Toler Maunsell, of Dublin. The deceased gentleman was an indefatigable and successful advocate of the claims of the Irish Poor-law medical service, which body of men may now well show in some manner their sense of indebtedness to him, and record in a practical manner the estimation in which he was held. Dr. Maunsell was for some time the Dublin correspondent of THE LANCET, and many of his letters dealing with the cause with which he had so long associated himself will now recur to our readers.

SANITARY NOTES AND REPORTS.

MR. ALEX. WINTER BLYTH, medical officer of health to the Okehampton Rural Sanitary Authority, has recently presented an annual report to his committee, which is chiefly noteworthy as containing some interesting particulars in connexion with epidemic pneumonia. This disease has been specially prevalent and very fatal in the Okehampton district, and the evidence adduced by Mr. Blyth goes to prove that the disease was in these cases undoubtedly infectious. Dr. Christian Budd reminds the author that he (Dr. Budd) many years ago recognised pneumonia as a blood disorder capable of being propagated by contagion. As one means of preventing this, Dr. Budd has always systematically disinfected the sputa, and relied also very much upon isolation and free ventilation, keeping bedroom windows open all the night. It is well that the attention of health officers should be directed to this subject, because it appears to have attracted little notice beyond the limits of the south-western counties. The report above quoted records nothing about water-supply, hospital accommodation, vaccination, and other subjects included in the routine work of a medical officer of health. It is right that the sanitary authority should be furnished with such particulars and short practical deductions drawn therefrom. These are even more important than a popular description of epidemic diseases.

Mr. Haviland, in presenting a special report to the Urban Sanitary Authority of Northampton for the years 1873-4, is able to offer congratulations on a decline in the average percentage of mortality. Deaths of children were exceptionally high in this town during the ten years 1861-70, those due to diarrhoea amounting to 10.9 per 1000, or nearly double the percentage for England and Wales. Small-pox was 2.4 per 1000 in excess, scarlet fever 2.6 in excess, measles 2 in excess, and diseases of the respiratory organs (including phthisis) 1.9 in excess, as compared with the whole country. During the years under consideration, the mortality has, as was remarked above, lessened considerably, and is accounted for by the fact "that during these later years the Northampton Water Company's deep well of 163 feet in the marlstone has supplied water to the inhabitants instead of the shallow wells, which for ages had frequently become polluted by their close proximity, in the porous ironstone, to filthy receptacles of sewage of every description." All supplies from superficial sources are now cut off, and during the past two years the mortality of Northampton from the seven principal zymotic diseases has, as compared with the preceding periods above quoted, declined considerably, the borough death-rate being below the average English death-rate, and considerably below the

average for town districts. These records as to Northampton are specially noteworthy, as showing conclusively the important influences exercised by a good water-supply.

The second Report on the sanitary condition of certain districts in Oxfordshire, prepared by Dr. Gilbert W. Child, medical officer of health, has recently been issued. The author commences by recording that "sanitary statistics, as we are at present able to obtain them, are utterly useless for every scientific purpose, and, indeed, not only useless but misleading." Scarlatina and diphtheria, typhoid and diarrhoea, are mixed up together. "Slow fever," "general break-up," and "diuresis," are among the causes of death found in registers. The statement that a man died of "erysipelas (fourteen days), typhoid fever and exhaustion (seven days)," is somewhat puzzling; as also "diabetes, typhoid fever (fourteen days)," where no history of typhoid could in either case be obtained. The importance of obtaining early information as to the existence of epidemics is strongly insisted upon, and the author thinks that a legal obligation should be laid upon every householder to give notice within forty-eight hours of the occurrence of any case of infectious disease within his house. (This plan, by the way, is adopted, and very successfully, in Holland, and the house is then, as it were, quarantined, by placing a conspicuous card in the window.) Dr. Child inveighs against the practice of ventilating sewers by openings into the streets at the road level, conspicuous examples of which exist, as he says, at Oxford. It is argued, therefore, that a well-laid, open street gutter is, after all, in country villages, the best system of drainage "which our present knowledge enables us to devise." The Report, which is admirably compiled and unexceptionably got up, contains a variety of information and discursive matter well worthy the attention of urban and rural officers of health.

Correspondence.

"Audi alteram partem."

CHLOROFORM OR ETHER.

To the Editor of THE LANCET.

SIR,—The statement contained in Dr. Hodges's letter, published in THE LANCET of the 14th inst., to the effect that in March last I had abandoned ether as an anæsthetic, in consequence of having lost several patients from its use, requires to be modified.

It is true that at the time mentioned I had discontinued the employment of ether, my reasons being mainly as follows:—(1st) In my own practice I had observed in several instances after its use a bronchial attack extending over a variable number of days, which may, perhaps, be best described as one of suffocative catarrh; (2nd) my colleague, Mr. Wheelhouse, informed me that he, too, had met with similar effects, and that one patient under his care had died of acute bronchitis; and (3rd) in a few instances the administration of ether had been followed by violent maniacal excitement. One patient, upon whom an operation for strangulated hernia had been performed, in his frenzy tore the wound open and dragged out a large loop of intestine. Thus, because my comparatively small experience of ether had afforded such unfavourable testimony, I deemed it prudent to wait for further information, and meanwhile to fall back upon chloroform, from which in nearly twenty years I have met with but one death.

In administering ether our chief object had always been carefully to prevent any dilution of the vapour with air. The apparatus we used was a large sponge covered, except at its mouth, with impermeable cloth. Two or three ounces of ether having been poured into the hollow, the sponge was forcibly pressed over the nose and mouth of the patient, and there retained, with a momentary removal only when the ether required to be renewed until anæsthesia was complete.

After an interval of a few months we are now again using ether, but, by simply pouring it upon a folded towel held closely over the nose and mouth, air is admitted along with the vapour. As yet it is too early to speak of results. Two cases within the last few weeks have given me uneasiness.

On the 1st of this month I was asked by Dr. Allbutt and Mr. Holmes to perform lumbar colotomy upon a patient whom they were jointly attending. Ether was administered by Mr. McGill. Nothing could be more satisfactory than the patient's condition during the operation. As soon, however, as sensibility returned a sense of suffocation overpowered all other feelings, and it was not until the third or fourth day after operation that our anxiety on account of his breathing was removed. Even now, at the end of three weeks, he complains of wheezing and cough. Prior to the operation he had been absolutely free from all chest symptoms.

The other case, though perhaps open to exception, is worthy of mention. On the night of the 13th inst. I removed, at the Leeds Infirmary, an extra-uterine foetus at about the eighth month, by abdominal section, the mother being under the influence of ether. The child, whose movements had previously been of the most lively order, was readily extracted, and separated in the usual manner. The mother did not suffer in any untoward way from the effect of the ether. The baby, well-formed and vigorous, had a desperate struggle for existence, extending over fully an hour, in consequence of imperfect respiration. Mr. Hey has since suggested that the ether was probably responsible for this, and I think the suggestion a reasonable one.

Notwithstanding these somewhat unfavourable beginnings, it is my intention, in deference to the experience of others, to give ether an extended and careful trial. As yet I am not prepared to say more than that I am not convinced of the superiority of ether over chloroform. I will only add that, after a large experience of its use, I entertain a great respect for chloroform, which has been in no wise lessened by the recent indiscreet utterance regarding it.

Although, unhappily, many deaths have occurred, some of which, indeed, have been as unavoidable as they were unforeseen, I am fully convinced that if proper care and competent knowledge be brought to bear in every case in which chloroform is given, fatal consequences will be few and far between.

I am, Sir, your obedient servant,

Leeds, August 24th, 1875.

T. R. JESSOP.

To the Editor of THE LANCET.

SIR,—I trust that, in any future comprehensive estimate of the dangers of chloroform inhalation, the mode of its administration will be appended to the actual number of fatal cases. It will be interesting to know how far experience bears out Mr. Pollock's confident denunciation of the "rough and ready method," and the great comparative safety of certain special modes of procedure. For my own part, I am thoroughly convinced of the practical truth of Mr. Syme's teaching in this important department of surgery, and should always prefer to give chloroform very freely by means of towel or handkerchief, to press the inhalation boldly during the stage of violence, and to look specially to interference with respiration as the leading cause of danger. However retrograde these views may be considered in many quarters, they are amply borne out by Edinburgh experience, which can point to by far the most extended and satisfactory use of chloroform anaesthesia with which we are acquainted. Without in any way wishing to deny the admirable skill and tact possessed by Mr. Clover, I may venture to remind visitors to the Royal Infirmary of Edinburgh of the way in which chloroform is there given with great freedom by house-surgeons and dressers—who have in no measure devoted themselves specially to the subject; and the safety of its use there, as well as all over Scotland, can hardly be denied. Herein then lies one advantage of chloroform, that whilst its use may be entrusted to competent professional men who are not specially instructed in its administration, ether requires to be given by practised hands before efficiency can be secured and discomfort avoided.

You, Sir, are doing good service by endeavouring to check the somewhat dogmatic assertions of those who preach the absolute safety of ether. Experience is not sufficiently extended either to settle this point or the relative advantages of one anaesthetic over another; still less desirable would it be to encourage at this stage of the proceedings

any attempt at interference on the part of superficially instructed public opinion.

Let us remember the remarkable way in which safety seems to attend the early history of any anaesthetic agent, of the vaunted immunity from danger of bichloride of methylene which experience has failed to confirm, of the remarkably few deaths which attended the first few years of chloroform. Ether, in our own country at least, has not yet emerged from this period, and American experience can hardly fail to be tinged with the prejudice of controversy; and, although Mr. Carter's friends have been so unfortunate in their practice, I may refer to the recorded experience of two surgeons of probably equal eminence, Professor Syme and Professor Gross, the former of whom caused the administration of chloroform in nearly 4000 cases, and the latter in 6000 cases, without inconvenient result.

I am, Sir, your obedient servant,

ROBERT FARQUHARSON, M.D.

Pinzean, Aboyne, Aberdeenshire, Aug. 1875.

To the Editor of THE LANCET.

SIR,—You will no doubt permit me to supplement your valuable remarks on the relative merits of ether and chloroform with a few further particulars, derived from personal knowledge, of the experiences of the late Mr. Robinson on this important question. You do not appear to be aware of the fact that a second death occurred from the administration of ether in Mr. Robinson's practice, and to this I attribute his relinquishment of it almost immediately on the introduction of chloroform. If my memory serves me rightly, it was about the beginning of the year 1850 that a middle-aged gentleman called upon Mr. Robinson one morning for the purpose of having a tooth extracted without pain. Ether was administered with an inhaler in his usual operating chair, and in the presence of an assistant. The patient was soon apparently under its influence, but just as Mr. Robinson was on the point of applying the forceps the under jaw dropped, and a deadly pallor came over the face. The gentleman was quickly removed to the floor, and the servants sent off for assistance. I, being then a next-door neighbour, was quickly on the spot, soon to be followed by the late Dr. Booth, also a neighbour. Every effort was made to restore animation, but without effect.

The death of this patient gave a great shock to my friend Mr. Robinson, who determined from that moment never again to administer ether or any other anaesthetic to a patient, except in the presence of a member of the profession. He also at once set himself to work to determine the relative merits of ether and chloroform, and, in conjunction with Dr. Booth and myself, a large number of experiments were tried on dogs, cats, rats, &c. Ultimately the conclusion was arrived at—so far as the lower animals could be taken as a safe guide and test—that chloroform was by far the safer anaesthetic of the two. The precise statistics of deaths I am at this period of time unable to furnish, but since then I have largely employed and administered chloroform as well as bichloride of methylene in eye operations on the most tender infants and adults of all ages, some exceeding fourscore years, without a single fatal result.

I remain, Sir, your most obedient servant,

Bedford-square, Aug. 17th, 1875.

JABEZ HOGG.

To the Editor of THE LANCET.

SIR,—I have watched with considerable interest the controversy which has lately been going on in the columns of THE LANCET (and other journals) on the subject of anaesthetics.

I have, during the last two years and a half, had a somewhat considerable experience in the use of such agents. I usually perform from ten to twenty or more capital operations on the eye per week. For a large majority of these an anaesthetic is given. The administrator is always one of my dressers, who, as a rule, has had little or no previous experience in producing anaesthesia. I therefore have to take whatever responsibility there may be upon myself, and, as you may suppose, it has been my aim to find a safe and effectual agent.

I have, with the exception of nitrous oxide gas, tried all

the anæsthetics that have ever come generally into use. These include chloroform, bichloride of methylene, methylene ether, ether, and a mixture of chloroform, alcohol, and ether. My experience has brought me to the conclusion that none are, or even approach to being, *absolutely* safe. Moreover, I do not see how any agent that at first partially asphyxiates a person, then renders him violent, and finally places him in a comatose condition, can be administered without some spice of danger.

I have seen patients apparently on the verge of dissolution from each of the anæsthetics I have mentioned, but only once has it been my lot to have one die under my hands. The anæsthetic used in this case was called methylene ether, but I believe its composition is somewhat doubtful. The patient was a fine young woman, aged twenty-eight. She suffered from exophthalmic goitre. The operation contemplated was for the diminution of the palpebral aperture in each eye; its object to prevent exposure of the corneæ, as the eyes were so prominent that they could not be kept closed except by an effort. The operation had been completed on one side, and was about to be commenced on the other, when the patient died as suddenly as if shot. The usual restorative measures were resorted to with the usual result. A post-mortem examination revealed (with the exception of enlargement of the thyroid gland) no disease whatever.

This case was the twenty-second that had taken the same anæsthetic on the same day, and in no other had any alarming symptoms occurred. Now, why some persons die from anæsthetics I do not know; that anyone may be killed by any of them I do not doubt; but I feel certain that there is in some an "idiosyncrasy" rendering them incapable of taking anæsthetics with safety. I believe that had my patient taken the reputedly harmless ether, or any other anæsthetic, the result would have been the same. I used the methylene ether for some time after without any bad results.

I then went back to what I had been in the habit of using previous to the methylene ether—viz., bichloride of methylene for short operations and chloroform for larger ones. Occasionally unpleasant symptoms occurred.

I next tried ether, with the result that I have made up my mind never to use it again if I can get anything else. To say nothing of its disagreeable smell, its action is most unsatisfactory, and unless given by an experienced administrator most uncertain; and, as far as the production of apparently dangerous symptoms goes, it equals, if it does not surpass, all other anæsthetics. I much doubt its safety, and, as far as I am concerned, it will have very little chance of asserting its superiority in this respect over other agents. For the last eight months I have used almost exclusively the mixture of chloroform, alcohol, and ether recommended by the Committee of the Royal Medico-Chirurgical Society. I am well satisfied with it—in fact, I like it better than any anæsthetic I have yet tried; but, as with the other agents, I have seen alarming symptoms occur more than once, and very probably I shall sooner or later meet with a patient who has the peculiar intolerance of anæsthetics, and he or she may die on the table. That that day may be far distant I sincerely trust. Deaths have occurred and may occur again from all the anæsthetics at present in use, in spite of all our care, and I think that their relative safety yet remains to be determined.

Yours faithfully,

CHARLES HIGGINS, F.R.C.S.E.,

Assistant Ophthalmic Surgeon, Guy's Hospital.

Brook-street, W., August 14th, 1875.

THE CASE OF GENERAL REECE, C.B.

To the Editor of THE LANCET.

SIR,—While fully concurring in the main facts as stated by Dr. Tuke in your journal of last week on the above subject, I should wish to correct a clerical error as to the date which he gives as that of General Reece's death. The General died on August 1st, not July 12th, as stated. Dr. Tuke does not mention, and perhaps does not know, that my attendance on General Reece was not through the instrumentality of his sons, as stated in your leading article of the 14th inst., as I was an utter stranger to them. Mr. Low called in Dr. Wilks, who suggested that I should be sent for,

and accordingly Archdeacon Reece brought me at once to the house of my late patient. Mr. Low I then met for the first time, and he expressed a wish to me to take the General under my medical care, at the same time saying, "he would write to Dr. Sillifant a letter of explanation and send him a cheque for his attendance," as otherwise, I said, I could not take the patient under my charge. I must also remark that it was entirely through the General taking a bitter hatred to the nurses, notwithstanding their kindness and attentions to him were most unremitting, that they were discharged, and not from any wish on the part of the sons. In noticing the carpetless room of General Reece, Dr. Tuke was not probably aware that there had been some carpet down, but it was obliged to be destroyed, and was nailed down by numberless tacks, and was in almost as many pieces.

I am, Sir, your obedient servant,

FREDK. G. BROXHOLM.

Richmond-road, Barnsbury, N., August 24th, 1875.

THE PROPOSED MEETING OF THE BRITISH MEDICAL ASSOCIATION AT BRIGHTON IN 1876.

To the Editor of THE LANCET.

SIR,—The accompanying letter was sent last week to the *British Medical Journal*, but not inserted. Would you kindly give it publicity through your columns?

"With reference to the above object may I be allowed to ask, through the medium of your *Journal*, if the Council of the Association, and other parties concerned, are aware that the great majority of the medical men of the town are opposed, under present circumstances, to any such meeting? My impression is that if the opinion of the profession were now taken upon the question three-fourths would be found to give their votes against it. It is very true that a memorial was got up inviting the Association to hold their next meeting at Brighton, but it was not numerously signed; while there was also a counter-memorial containing the names of many of the leading medical men of the place. I have, moreover, strong grounds for stating that many of those who did sign the memorial in favour of the meeting, upon consideration, look upon the movement as ill-considered and hastily got up."

I am, Sir, your obedient servant,

WILLIAM KEBBELL, M.D.

Upper Brunswick-place, Brighton, Aug. 23rd, 1875.

MORTALITY AFTER PRIMARY AND SECONDARY OPERATIONS.

To the Editor of THE LANCET.

SIR,—Will you allow me to draw attention to a statement in Mr. Erichsen's "Science and Art of Surgery," on p. 35 of the fifth edition, which is as follows:—"In civil practice the mortality after primary amputations, as will be seen by the preceding table, somewhat exceeds that following secondary operations." Now, in the tables to which he refers, singularly enough, the mortality is decidedly *less* in primary than in secondary amputations. Thus, in the first table there are 475 cases of primary amputations, with 147 deaths, and 163 secondary amputations, with 84 deaths. These numbers give a mortality for primary amputations of 30 per cent., and for secondary amputations of 51 per cent. In the second table there are 48 primary amputations, with 18 deaths, and 43 secondary, with 19 deaths, or a mortality of 37 per cent. in primary and of 44 per cent. in secondary amputations. Both tables, therefore, pronounce in favour of *primary* amputations and not of *secondary*, as Mr. Erichsen asserts. Some explanation of this seems desirable, especially as he repeats his assertion on p. 128 of the same work.

I am, Sir, yours truly,

August 16th, 1875.

R. R.

* * We doubt not that Mr. Erichsen will be glad to have his attention called to the mistake referred to. If our correspondent consult the last edition of Mr. Erichsen's work he will find the statement considerably modified.—ED. L.