

permit the Institute to be registered as a limited liability company with the omission of the word "limited," you will do them the honour to receive a deputation in order that the facts may be more fully placed before you. Requesting the favour of an early reply,

I have the honour to be, your obedient servant,

JOSEPH LISTER,

Chairman of the Executive Committee.

May 13th, 1891.

THE INFLUENZA.

To the Editors of THE LANCET.

SIRS,—The recent return of influenza in the epidemic form marks the present time as appropriate for recording the impressions which have been gathered since the disease began to spread over the country towards the close of the year 1889; and it seems to be the more desirable to do so as the catarrhal symptoms which occasionally coincide with an access, and the grave complications which too often follow in its train, have a tendency to withdraw attention from the essential nature of the malady and from those precautions which are so much needed in that stage which is too often assumed to be one of recovery, but which is, in fact, an integral and perilous phase of this insidious disease. In order to make my meaning clear, I would call attention to the theory which was broached in the columns of THE LANCET, though not for the first time presented to medical opinion, rather more than a year ago. I allude to the view that influenza is essentially an affection of the cerebro-spinal nerve centres, and that the various catarrhs and local inflammations which are apt to accompany or to follow primary attacks, and may precede as well as follow subsequent accesses, are of the nature of complications and the natural outcome of a condition which is pregnant with grave, although it may be unexpected, possibilities. In support of that theory, I will do no more than briefly review the symptoms which disclose the true nature of influenza in both its stages, although it must be conceded that in some of the milder cases, especially among the very young, they may be so faintly marked and so transient as to elude observation. The more conspicuous may be summarised as follows. In the first stage, pain in the post-orbital and frontal regions, extending to the vertex and occiput and thence to the back, loins, and extremities, and rapidly followed in a considerable proportion of instances by tenderness evoked by percussion of the spinal region, more particularly of the situation of one or more of the medullary enlargements; in the second, altered cerebration and abeyance or perversion of the functions of the spinal centres as indicated by impaired power of mental concentration, loss of memory, depression of spirits, irritability, difficulty of verbal expression, vertigo, night terrors and illusions, polyuria, loss of ocular accommodation, rapid wasting and anæmia, difficulties of respiration, cardiac debility and irregularity, general vaso-motor paralysis, causeless sweating, general loss of muscular tone and energy, and even of correlation, peripheral neuroses too numerous to be specified, and lastly, but not least important, loss of body heat, either continuous or induced, by even slight exertion of either mind or body, and ranging from one to four or more degrees below normal. Leaving aside the consideration of the catarrhal affections of the respiratory and digestive tracts, induced mainly, as I believe, by the direct contagion of fluids which travel along their channels, I ask, Can it be matter for surprise that the organism so gravely attacked in the very centre of its life should fall an easy prey to influences which under other circumstances would be harmless or insignificant, or that a condition, which is too often regarded as one of recovery, should need the protection of such nurturing care, as many have not the patience to endure, unless seriously warned of the dangers which carelessness may entail? It would appear to be sufficiently obvious that the loss of flesh and depression of body heat indicate that the second and really perilous stage of influenza is one in which power of repair is not competent to make good the daily waste, and the diminution of healthy tissue change (due possibly to damage inflicted on the trophic centre) reduces the body heat to a point which, even if those two conditions stood alone, might easily involve danger to health and to life. Such I hold to be the case, and, further, I believe that this period of vital depression may be indefinitely prolonged by efforts to resume habits of mental or bodily activity before the temperature ceases to be liable to subnormal depression, and a progressive increase of body weight affords indication that the

balance of waste and repair has been duly adjusted. In fine, influenza bears the stamp which is common to diseases which involve damage to important nerve centres, and demands, as a condition of stable convalescence, a longer period of functional repose than do those in which less delicately organised structures are primarily involved; and, as might be expected from the universality of the mischief it inflicts on the nervous system, it exhibits an exceptional tendency to visit impatience and imprudence with the penalty of relapse, or even of death.

I am, Sirs, yours faithfully,

May 9th, 1891.

W. BEZLY THORNE.

To the Editors of THE LANCET.

SIRS,—We hear that authorised inquiry is being, very properly, made into the causation &c. of this malady. But, meanwhile, cannot someone competent to speak on the subject of isolation and disinfection generally advise us as to the probable utility or otherwise of subjecting our bodies, clothes, and houses to processes usual after invasions of other diseases of an infectious character? I am bold, perhaps, in thinking that no one who has persistently and consistently applied heat or sulphurous acid fumigations after such outbreaks can doubt a very pronounced efficacy. But hitherto we have relegated influenza to the limbo of diseases impossible to be dealt with by isolation, and with no attempt to minimise the quantity of poison diffused. Even while not attempting to isolate measles and whooping-cough on a large scale, we still often succeed in preventing their spread within the very narrow limits of a not very large dwelling, and by so much limit the outside spread.

The present Attorney-General once said to me "that he had come to the conclusion that any place as large as London must be so filled with infectious germs of all kinds that any person presenting an appropriate nidus could hardly ever escape." But why do we hear recommendations of immense expenditure on isolation and disinfection, in almost every large community, if there be no more virtue in them than sometimes appears in the scamping builder or the perfunctory clerk of the works? I do very earnestly hope that some discussion of this matter in respect of influenza may kindle some better hope in the breast of the anxious, who now are partially comforted only by prophylactic doses of ammoniated tincture of quinine and assurances that "really, after all, the mortality is not so very great relatively."

I am, Sirs, yours truly,

Wolverhampton, May 10th, 1891.

FREDERIC E. MANBY.

THE USE OF CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—Dr. Dudley Buxton cannot be allowed to depart from his original statement. He described his method of giving chloroform in the following precise terms (the italics are mine): "*My plan* is to use Lister's open method or Krohne and Sesemann's useful modification of Junker's inhaler. I also make it a rule to test the vigour of respiration by placing my hand on the mouth, and to keep a finger upon an artery." It is this plan which I ridiculed. Dr. Buxton now dexterously tries to make it appear that my criticism was directed against Junker's inhaler, and that he gives chloroform on Syme's principles, though Syme never took the pulse as a guide. Dr. Dudley Buxton's plan is impracticable, and its absurdity is only surpassed by the absurdity of the method of another specialist, Mr. Rickard W. Lloyd. Mr. Lloyd proceeds to give chloroform¹ "with the sprinkled lint lying on the separated fingers of my right hand in front of the mouth, which enables me to feel the force of expiration, with my left middle finger on the left temporal pulse, and my left thumb holding up the left upper lid of the patient and testing the corneal reflex when necessary." Mr. Lloyd thus endeavours to obtain information as to the state of the patient from three if not four distinct tactile impressions at the same time, which is just as dangerous as it would be for one of my students to administer chloroform to three or four patients all at once. Dr. Dudley Buxton further states that I must have had many cases of heart failure under chloroform which I have overlooked, because "Surgeon-Major Lawrie has never felt the pulse during chloroformisation." The

¹ Vide THE LANCET, April 4th, 1891.

whole of this statement is a gratuitous invention. All my operations are performed in public; I have never had a case of heart failure, and I frequently take the opportunity of demonstrating that the action of the heart and the pulse are invariably regular when chloroform is properly administered. I do not allow the pulse to be taken as a guide as to the effect of chloroform, because I know it is no less useless than dangerous.

Finally, Dr. Dudley Buxton asserts that the Hyderabad Commission has not proved that there is no such thing as chloroform syncope, because "its conclusions are based upon purely negative evidence." If Dr. Buxton were as familiar with the A B C of logic as he would have us believe he is with the A B C of the chloroformist's duties, he would know that proof of the absence of anything must always be negative proof. The rest of Dr. Dudley Buxton's letter consists of a bald statement of creed, unsupported by any explanatory reasons, and does not call for further notice.

I am, Sirs, your obedient servant,
May 11th, 1891. EDWARD LAWRIE, Surgeon-Major.

THE COMMITTEE ON BRITISH AND FOREIGN SPIRITS.

To the Editors of THE LANCET.

SIRS,—I quite agree with the remarks contained in a leading article in your last week's issue on the report of the British and Foreign Spirits Committee. As yet no authorised report of the committee has been published, but the one which has appeared in the newspapers contains the passage: "Dr. Pavy considers that the silent spirits are innocuous as regards health, although they are insipid and disagreeable." As you rightly observe, under the line of argument taken, such a statement brings the spirits of common use into the position of producing no injurious effects. I am not, however, responsible for the wording of the report in question, and the word "innocuous" was not used by me, and nowhere appears in the shorthand writer's notes of my evidence; nor did I speak of an "insipid" article as being "disagreeable." What I did say was that plain or silent spirit is more innocent than spirit with the by-products, and that the insipid plain spirit is rendered agreeable through the presence of the by-products in the same way as insipid food is rendered agreeable by condiments.

I am, Sirs, your obedient servant,
Grosvenor-street, May 13th, 1891. F. W. PAVY.

PRIVATE DRAIN VENTILATION.

To the Editors of THE LANCET.

SIRS,—The statement of Dr. E. Duncan, as quoted in your issue of May 2nd, to the effect that "there is, in fact, no gas in a sewer that you may not find outside of it," and that "the air of a sewer, when it is properly ventilated, is much better from the chemical point of view than the air of crowded churches and schools, or even than the air of the houses in which one-half of the population of Glasgow lives," is worthy of a far more extended practical application than is given it by sanitary authorities in Europe. The writer, as a sometime sanitary inspector in a large American city, has been often surprised at the opposition made here and on the Continent to a plan of ventilation most commonly in use in the United States, and, so far as he knows, almost uniformly successful. Its principle involves the use of conduits and conductors arranged in the shape of an inverted syphon, the long arm of which is the "standpipe," into which all closets and baths discharge, which passes directly into the open above the roof in equal calibre as below, and which ascends always in the immediate proximity of a chimney flue in constant use. So far, continental and insular engineers agree with us, but the *crux* of the whole matter lies in the position of the shorter syphonic arm, which opens at the ground level through a grating, and communicates of course outside the house with the main drain, the latter being trapped between such communication and the street sewer. I have often tested these adaptations both in winter and summer, the flame of burning paper being uniformly sucked down through the gratings and blown upward from the roof pipes, thus proving the existence of perfect ventilation, with all the security it affords. The fact that I have, in many years' inquiry, never seen such effective arrangements in England must be

my excuse for calling attention to the important and undoubtedly true assertions of Dr. Duncan.

I am, Sirs, yours very truly,
H. WEBSTER JONES, M.D. Yale, U.S.A.
Cavendish Mansions, May 9th, 1891.

"THE BREATHING OF A VEIN."

To the Editors of THE LANCET.

SIRS,—In an interesting and learned article "Concerning Bloodletting" published in to-day's issue of THE LANCET, Dr. John W. Ogle recalls Sydenham's description of the operation of venesection in certain cases, as "doing the work of the windpipe"; and in a footnote states that the translator of Sydenham sometimes renders "venam incidere" "to breathe a vein." Dr. Ogle further remarks that the etymology of this expression is not very obvious, but quotes the opinion of Dr. Murray, editor of the New Philological Dictionary, to the effect that the words "breathing a vein" are equivalent to "taking into it breath or air." But, as Dr. Ogle shrewdly observes, "if this be so, the phrase is used without regard to physiological facts."

Some years ago I endeavoured to make out the meaning and origin of this expression which occurs in Dryden's Poem on the death of Oliver Cromwell.

"War, our consumption, was their gainful trade;
We inward bled, whilst they prolonged our pain;
He fought to end our fighting, and assayed
To stanch the blood by breathing of the vein."

I arrived at the conclusion that the word "breathing" in this connexion was related to the Welsh word *brathu* (pronounced "brath'e"), "to pierce," "brathu gwythen," meaning to pierce or open a vein. The Welsh word "to breathe" in the sense of respiring is "anadlu."

I am, Sirs, yours truly,
Harley-street, W., May 9th, 1891. JOHN TWEEDY.

RARITY OF PHTHISIS IN THE MEXICAN PLATEAUX.

To the Editors of THE LANCET.

SIRS,—I read in THE LANCET of the 18th inst. your notice of the "Causes and Prevention of Phthisis," by Dr. Ransome. Your reviewer wishes for some authoritative information regarding the extreme rarity of phthisis in the Andes and Mexican plateaux. Having practised many years (twenty-four) at Bogotá, United States of Colombia, my experience there is that phthisis is almost unknown, only one case in a native resident coming under my observation during that time. There can be no doubt as to the comparative immunity of its inhabitants from this disease in the elevated regions mentioned. English visitors have much improved in health, the progress of the disease apparently being arrested.

I am, Sirs, yours faithfully,
South Kensington, S.W., April 27th, 1891. W. L. DUDLEY.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Complimentary Dinner to Sir Walter Foster, M.P.

ON the 13th inst., at the Midland Hotel, Birmingham, a large number of students and practitioners gave a dinner to Sir Walter Foster, M.P., on his retirement from the acting staff of the General Hospital. The chair was taken by Mr. Jordan Lloyd of the Queen's Hospital, and he was supported by Dr. Rickards, Dr. Simon, and Dr. Malins of the General Hospital, with Dr. Suckling, Dr. Carter, and Dr. Purslow of the Queen's Hospital. The chairman referred in eulogistic terms to Sir Walter Foster's long and eminently successful career in Birmingham. Mr. Leonard Gamgee then read the following address, which was signed by over three hundred names:—

TO SIR WALTER FOSTER, K.B., M.P., M.D., F.R.C.P.
(Consulting Physician to the General Hospital, Senior Professor of Medicine in Queen's College, Birmingham, Member of the General Medical Council.)

We, the undersigned Past and Present Students of the Birmingham School of Medicine, and other members of the medical profession, feel that we cannot let pass the occasion of your resignation of the post of