

Riding of Yorkshire: Francis Henry Wood, Gent., to be Acting Surgeon.

ADMIRALTY.—The following appointments have been made: Fleet Surgeon Ingham Hanbury, to the medical charge of the Royal Marine Battalion in Ireland; Staff Surgeon Charles G. Wodsworth, to the *Thalia*; Staff Surgeons James H. Martin and Thomas Conry, to the *Preident*; Surgeon W. G. C. Smith, M.B., to the *Triton*, for temporary service; Surgeon William F. Spencer, to the *Thalia*; Surgeon H. M. Ellis, for service with the Marines in the *Dacca*; Surgeon Alfred H. Kelly, to the Royal Marine Artillery Division, vice Ellis; Surgeon Edmund D. Maddick, to the *Duke of Wellington*; Surgeon Arthur W. Russell, to the *Victor Emanuel*; Surgeon John A. MacMunn to Hong Kong Hospital (in charge).

GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE.

THE new building which has been in course of erection for the School of Medicine in connexion with the Royal Infirmary is now being rapidly completed, and will be ready for occupation in all departments at the commencement of the coming winter session. The anatomical section of the School is already occupied. The dissecting-room measures 70 ft. in length, 25 ft. in breadth, and is over 25 ft. in height. It has been constructed with particular regard to lighting and ventilation, and is fitted up and supplied with everything requisite for the convenience and comfort of the students. The building also contains lecture theatres and anatomical museums. The osteological room is fitted up as a private reading-room, and contains an ample supply of specimens. In the large dissecting-room are placed some fine frozen specimens of dissections illustrating most of the more important regions of the body; these are arranged in uniform circular glass jars, conveniently placed so as to allow them to be referred to by the students during the progress of their practical work. The south side of the building is occupied by the large, well lighted and ventilated chemical and physiological theatres and class-rooms for general instruction and experimentation, in which are all the modern instruments requisite for these special branches of study. The committee have also apportioned a large room for a general medical library, which will be used as a place of meeting of the Glasgow Royal Infirmary Medical Society.

Correspondence.

"Audi alteram partem."

DEATHS UNDER CHLOROFORM.

To the Editor of THE LANCET.

SIR,—Twenty years spent in the study of that protean disorder indigestion have taught me much in reference to the depth of sympathy that exists between heart and digestive organs.

One of my patients of former years, a muscular man of first-class pedestrian ability, invariably became the victim of faintness if he partook of veal-pie. Another exhibited the symptoms of angina pectoris if he took into his stomach food either excessive in quantity or unsuitable in character. A third, still frequently under treatment, becomes both faint and asthmatic after the imbibition of tea. Nevertheless, the individual referred to can pace the floor persistently whilst in the enjoyment of the—to him intense—luxury of a prolonged Turkish bath, heated to a high temperature. A lady patient suffers from faintness, followed by an attack of urticaria, after the eating of roast mutton, a dish of which she is particularly fond. Is this sympathy sufficiently reckoned, or guarded against, in the preparation of a patient for the inhalation of an anæsthetic? I fear not, Sir. As a fact, should not his diet be, when such a course is open to the surgeon, carefully supervised for two or three days previously to the administration of the drug? Every death that takes place during the administration of an anæsthetic not only causes honest

men and good surgeons to be lightly spoken of, but also, and still more important, brings discredit upon surgery.

I shall be very glad if some of my professional brethren, the bent of whose studies has been parallel with my own, will give us the benefit of their opinion upon this all-important subject.

And now, Sir, if you please, permit me to indite a line in reference to the restoration of those whose lives hang upon a single hair in consequence of the inspiration of chloroform. A relative of my own suffered, when at about the age of twenty, from an attack of rheumatic fever coupled with valvular disease of the left side of the heart. At the approach of the critical seven-times-seven, acute rheumatism, this time associated with disease in the right side of the heart, again attacked him. Anasarca speedily set in, and the case assumed hopeless features. One morning about six o'clock, when I had been in close attendance upon him for several hours, sudden failure of the heart's action seized him. Fortunately, a supply of very hot water lay close at hand; I dipped a folded towel into the fluid, and laid it, after the least possible delay, upon the patient's chest. In a short time he revived. I quitted his side for ever that morning. His attendants had, however, learned their lesson. They repeated the application on the supervention of each subsequent faintness, the total result being that his life was prolonged for many days—until, in fact, an increase of anasarca rendered a continuance of existence impossible.

Why should not a fair trial be accorded to the hot-water plan of treatment in cases of anæsthesia threatening the extinction of the vital flame?

Yours faithfully,

Canterbury, July 26th, 1882. JOHN BEADNELL GILL, M.D.

"STAMPING OUT SMALL-POX."

To the Editor of THE LANCET.

SIR,—Under the above heading I notice in last week's LANCET a short account of the measures which are being adopted by the authorities at Leicester with a view of stamping out small-pox in that town, and as these measures appear to be somewhat similar to those adopted by the Government of New South Wales during the recent outbreak of small-pox in Sydney, where, as Special Government Medical Officer, I had very good opportunities of judging of their intrinsic value, I venture to make a few remarks upon the subject.

Vaccination not being compulsory in New South Wales, there existed a very large number of unvaccinated persons in Sydney, adults and children, small-pox being considered a *rara avis* very unlikely to visit that distant colony. However, as the unexpected generally happens, small-pox made its appearance in Sydney in June of last year, and was received with a feeling amounting to little less than panic, the commerce of the port being considerably interfered with, and the Government put to enormous expense. There was, of course, a great demand for immediate protection by vaccination, which could only be gradually and partially complied with. The Government took extraordinary measures under the Colonial Quarantine Act, and upon a suspected case of small-pox being reported to the authorities, the house was at once visited by a member of the Government medical staff, and if, on examination of the individual, the suspicion proved well founded, the house and its inmate were immediately placed in a state of strict quarantine, and no unauthorised person allowed to leave it, special police arrangements having been made to enable this to be effected. If the affected person was willing and fit to be removed to hospital that was done, and the other inmates, having been carefully vaccinated, were, if willing and there was accommodation, removed to the sanitary camp, an enclosed encampment erected several miles out of town as a quarantine station for apparently healthy inmates of infected houses. The house was then thoroughly disinfected and cleansed by a special disinfecting corps, and all infected clothing, &c., burnt. On the other hand, in cases where the persons attacked were either unwilling or unfit to leave their houses, they were attended by the special Government medical staff, and were supplied with necessary medicine, food, bedding, &c., and nurses if required. The regular medical attendants would, on application, have received authority to enter and leave quarantine houses in

order to treat their patients, but there was such a small-pox scare that it would have been ruinous for a medical man in ordinary practice to be seen entering or leaving such houses; the treatment, therefore, with one homœopathic exception, devolved entirely upon the Government medical staff specially appointed. All the unaffected inmates were vaccinated, if willing, and either removed to the sanitary camp or quarantined in the infected houses, kept under observation, and supplied with food, clothing, disinfectants, &c., and on release compensated by the Government for their loss of time, &c. The compensation was, however, necessarily very inadequate for the loss of employment in many instances, and the ruin of business in the case of shopkeepers, whose stock-in-trade was spoilt and customers dispersed, many of the houses having to be kept in a state of quarantine for six or eight weeks or more. This state of things naturally led to a great dread of quarantine and to a considerable amount of concealment of the disease, there being no Act to compel the notification of infectious diseases, and in several instances hot-beds of infection were thus created, unknown to the authorities or even to the neighbours, with very troublesome and serious results, frustrating the attempts to arrest the disease and protracting the outbreak.

The epidemic never really assumed very extensive proportions, which fact must, I think, be greatly ascribed to the quarantine regulations, especially when the great number of unvaccinated people in the city, and especially in the infected districts, is taken into consideration. These measures no doubt confined the disease, in most cases, to a few houses, whereas otherwise it would have spread to many, while the prompt and very general vaccination and revaccination of the surrounding neighbours effectually limited or arrested its career by starving it out. The outbreak was at an end in eight months, and may, I think, under the circumstance, be fairly said to have been "stamped out." There can be no doubt that this would have been accomplished much sooner, and with much less expense and trouble had vaccination been compulsory, and had an Act for the compulsory notification of infectious diseases been in force. I quite agree with your remarks, that "the efficient vaccination and revaccination of the public generally are far more efficacious protections against small-pox than the mere isolation of the few who are known to have come into contact with infection."

Isolation by the quarantine system is doubtless a valuable sanitary measure in outbreaks of small-pox occurring in towns like Leicester and Sydney, where vaccination has been greatly neglected; but it is very harsh and severe in application, impracticable in many cases, and most expensive. It can at best only rank as an assistant to that great prophylactic vaccination in the stamping out of small-pox, and it is trusting to a broken reed to rely upon it as at all a substitute for efficient vaccination of communities.

I am, Sir, yours faithfully.

J. HIGHAM HILL, M.D., F.R.C.S.E.

Bedford-place, W.C., July 18th, 1882.

A CASE OF "TRUE EASTERN LEPROSY" IN ITS EARLY STAGES TREATED BY CHAULMOOGRA OIL.

To the Editor of THE LANCET.

SIR,—An interesting case of early symptoms of true Eastern leprosy, showing lesions of the trophic nerves and the skin, and illustrative of trophic changes, came under my notice through the kindness of Dr. Corbett of Kingston-on-Thames, who called me to see it, and I am therefore enabled to send you the notes of the case.

The patient, who has been in England now for four years, had traces of the disease, he states, about sixteen or seventeen years ago, and about twelve months since got very much worse—a formation of tubercles and ulcers taking place, which would not heal under all ordinary treatment. For the previous eight years, the patient stated, he had lived a very hard life in Africa (Southern) amongst the diamond-fields, digging and washing diamonds; and whilst there he was exposed to great heat in the day, and damp, cold, and moisture at night; he could get no fresh vegetables, and, indeed, hardly any food sometimes, and that of an indifferent character. Previous to his living in the diamond-fields, he was exposed to much privation on the sea. Sometimes he stayed in port in India, sometimes in the West Indies at Demer-

rara, and had at times very bad food. He had also resided twenty years ago in Rio Janeiro; and—in my opinion a most important element in this history—he had a very bad attack of ague twelve years ago, relapses of which he has had several times since, some being worse than others. The patient is a short, thick-set, short-necked man, with sallow complexion and curvature of the spine in the upper part of the column. He is about forty-five years of age. He now has many small hard tubercles in different parts of his body, more especially on the hands and feet, on the dorsal surfaces, on the shoulders, legs, and thighs, face and ears, with also the remains of an eruption of maculæ, brownish in tint. These tubercles are hard and nodular to the touch, and nearly all suppurating. The ulnar and peroneal nerves are much thickened and tender to the touch. There is slight wasting of the muscles of the thumb and interossei; the sight is getting weak, and there is slight opacity of the left cornea, and he complains of great loss of muscular power; he has lost sexual power, and has a feeling of numbness and of pricking sensation in the hands and feet, along with fits of depression. All these symptoms go to show the true character of the disease. He has little or no loss of sensation in his body, in any of the patches or otherwise, like the case I reported to you in 1880.

After many applications both of specific and other kinds had been applied to this case, with little or no benefit to the patient, Dr. Corbett consulted me as to the nature of the case and its treatment. We came to the conclusion that it was a case of true Eastern leprosy in its early stages, and we resolved to give the patient chaulmoogra oil, both internally and externally. He was ordered three capsules of oil three times a day, and the crude oil to be rubbed into the parts well whenever affected twice a day. From the time this treatment was adopted the patient improved, and on July 4th Dr. Corbett writes to say: "I do not think I can add much to the history of the case or its description, except to supply the omission, that the tubercles, after suppuration, left deep ulcers with sharply defined edges and smooth sores, which no treatment, tonic or alterative, seemed to heal until the chaulmoogra oil was taken, when in a few weeks reparative action was set up, and they all quite healed. Fresh tubercles, not many in number, and entirely confined to the dorsum of the hands and feet, including the fingers and toes, still form and suppurate, but not one has resulted in ulceration. Since the oil has been taken, in fact, a good many of the tubercles do not suppurate, become abortive, and die away."

Now this case, as well as the last I reported to you, were much benefited by the administration of chaulmoogra oil; in fact, the case I reported in October, 1880, is as nearly well as can be, and the man is able to resume all his duties. I saw this patient last week at Kingston, and he assured me he was much better, and he had very few tubercles left. In my opinion, leprosy can be relieved, if not cured; and this opinion is shared now by other members of the profession. Mr. Hutchinson states he has seen cases that have quite recovered.

Your obedient servant,

Sackville-street, July 12th, 1882.

JAMES STARTIN.

CASE OF CEREBRAL COMPRESSION TREATED BY BLEEDING AND CALOMEL.

To the Editor of THE LANCET.

SIR,—In reading lately some very old numbers of a medical publication I was struck with the indiscriminate way in which the above remedies were used by the practitioners of the day. There are many hundreds of cases reported in the volumes I possess, and in very nearly every case bleeding and calomel appear to have been the sheet anchors of treatment. A very large percentage of the patients died, and reading the report, having our minds enlightened by the physiological knowledge of the present day, points very strongly to the conclusion that the remedy was worse than the disease, and moreover, the immediate cause of death. There are, however, many cases recorded which strikingly show the value of the old antiphlogistic treatment when used rationally in appropriate cases, and I determined to try the effect at the earliest opportunity, which I did in the following case.

I was called to see a child, two years and a half old, at six A.M. on April 8th. The child was perfectly well on the