

five months and had been immediately arrested by means of these doses.

I am not aware that this treatment is recommended generally in text-books and by lecturers on medicine in this country, but with the approval of such a wise and experienced physician as Trousseau undoubtedly was acknowledged to be by the medical profession in all civilised parts of the world I think we should not hesitate for a moment to resort to such a plan of treatment in hæmoptysis. He also stated that "for the last two centuries physicians have lauded the Brazilian root as a remedy in all forms of hæmorrhage"; and Baglivi says: "Radix ipecacuanhæ est specificum et quasi infallibile remedium in fluxibus dysentericis aliisque hæmorrhagiis." Again, he said, after referring to the many precautionary measures usually imposed upon the patient suffering from hæmoptysis: "Yet here we are giving a medicine which produces vomiting, during which the face swells, the blood stagnates in the veins by which it is being conveyed to the auricles and consequently the pulmonary veins become distended. One might expect that such treatment would cause the hæmoptysis to return in a much more profuse degree; but in place of this it is stopped in nearly every case." I think that after reading this impressive statement I am justified in concluding that the emesis set up in my case by the ergotinin checked the hæmorrhage.

I am, Sirs, yours truly,

JOHN COCHRANE, L.R.C.P. and L.R.C.S. Ed.,  
District Medical Officer of Health &c.

Lochgillhead, Greenock, N.B., June 30th, 1893.

## THE CAUSE OF DEATH UNDER CHLOROFORM.

*To the Editors of THE LANCET.*

SIRS,—Desiring to submit a few suggestions to the consideration of all who desire to learn the truth as regards the reason for the mortality under chloroform, I once more venture on addressing you on the subject. These are briefly as follows: 1. Is not death really always through the brain? My idea is that the action of chloroform is such in its initial phases as to cause hyperæsthesia of the centres dominating cardiac and respiratory action, and that death results from the undue prolongation of this stage allowing of some accident likely to fatally overturn the equilibrium thus imperilled—that known as shock, for example. When no anæsthetic is given one knows that death may occur from shock, due probably to the mental excitement and anticipation of the ordeal. Everyone knows the case of the jester sentenced to be beheaded and who died though only a sharp blow on the back of the neck was given. When this mental state is carried a little further by suggestion or sheer force of will it seems possible to produce an anæsthetic condition. Now my position is that such a state of unstable equilibrium is induced in the earlier stages of chloroform administration and it is in this stage that death occurs almost invariably. 2. All cases of death at this stage are the outcome of some direct action upon the cardiac nerve centre rendered thus hyperæsthetic or unstable. 3. Such occurrences, then, can be rendered less and less probable in direct proportion to the rapidity with which the patient is brought under the complete influence of the anæsthetic. In other words, the more rapidly anæsthesia is induced the less risk is there of any trouble. This is the old conclusion, which I desire to place once more before the profession supported by a hypothesis which research should soon negative or affirm. 4. In like manner the chloroform should be given in the place and position in which the operation is to be performed. My impression is that failure to comply with this direction has caused many deaths, and it is well to study those cases detailed in THE LANCET Commission on Anæsthetics where pulse and respiration ceased as soon as the position of the patient was changed. Surely this can be avoided. Finally, I feel that it is necessary to insist that in chloroform administration "L'audace, l'audace, toujours l'audace" is always a much safer rule than "Exercise caution," which is only another word for timidity and half-measures, whilst boldness is not recklessness. Trusting that this reiteration of aphorisms which are as old as chloroform anæsthesia will not appear platitudinous,—I am, Sirs, yours faithfully,

G. A. VAN SOMEREN, M.D. EDIN.

Orange, New South Wales, May 26th, 1893.

## "SEPTIC INTOXICATION DURING THE PUERPERIUM."

*To the Editors of THE LANCET.*

SIRS,—In reference to Dr. McCann's very able paper on the above, I desire to point out: (1) That the exhibition of iron in full doses is a valuable adjunct to treatment, strengthening as it does Nature's first line of defence—the resistance of the tissues; (2) that corrosive sublimate is an extremely dangerous substance for uterine injection, hence the careful precautions; and (3) that it is far simpler, safer and surer to use for injection half a pint of warm solution of biniodide of mercury of the strength of 1 in 2000. Without giving references, I wished to make these observations as it is a little disappointing to see Dr. McCann taking such pains in order to use the bichloride, when the biniodide of mercury is known to be very much safer and at the same time a much more certain antiseptic.—I am, Sirs, yours truly,

Mentone, June, 1893.

A. HANBURY FRERE, M.B.

## ROYAL BRITISH NURSES' ASSOCIATION.

*To the Editors of THE LANCET.*

SIRS,—The statements which have been made respecting the effect of the Charter granted to the Royal British Nurses' Association render it necessary that the members of the various hospitals and nurse-training schools should clearly understand their position under the Charter. We, therefore, as representing the chief hospitals and nurse-training schools of the metropolis which have taken part in opposing the Charter, think it right to call public attention to the important limitations which have been placed upon the powers originally sought for. No opposition has at any time been raised to the incorporation of the Association for the purpose of promoting such benevolent schemes for the benefit of nurses as are now set forth in the Charter as the first of the objects of the Association. The opposition was directed mainly against the attempt to create a "list or register," which would be regarded by the public as a legally authorised "register of trained nurses." The Charter, as granted, substitutes for the "list or register of nurses" a "list of persons who may have applied to the corporation to have their names entered therein as nurses and whom the corporation may think fit to enter therein from time to time, coupled with such information about each person so entered as to the corporation may from time to time seem desirable."

It is important, in order to prevent misunderstanding and to avoid misconstruction, that the following points should be clearly borne in mind: 1. No professional privilege will be obtained by the nurses whose names appear upon the list. 2. The list will have nothing in common with legal registers of the medical or other professions, but will simply be a list of nurses published by the Association. 3. No nurse whose name appears on the list will have any right to use the title of "registered nurse." It is desirable to add that a comparison of the Draft Charter as submitted to the Privy Council with the Charter as granted clearly shows that the Privy Council have recognised the evils which might directly or indirectly have been occasioned by the establishment of a chartered register, as originally proposed.

We are, Sirs, your obedient servants,

(Signed)

FLORENCE NIGHTINGALE.

WESTMINSTER, K.G., Chairman Metropolitan and National Nursing Association.

J. G. WAINWRIGHT, Treasurer of St. Thomas's Hospital.

HENRY BONHAM CARTER, Secretary of the Nightingale Fund.

J. S. BRISTOWE, M.D., F.R.S., Consulting Physician to St. Thomas's Hospital.

SEYMOUR J. SHARKEY, M.D., F.R.C.P., Physician to St. Thomas's Hospital and Lecturer to Nurses.

L. M. GORDON, Matron of St. Thomas's Hospital and Superintendent of the Nightingale Fund.

E. H. LUSHINGTON, Treasurer of Guy's Hospital Training School.

THOMAS BRYANT, F.R.C.S., Hon. Surgeon, Guy's Hospital.

E. C. PERRY, Medical Superintendent, Guy's Hospital.

FLORENCE C. NOTT BOWER, Matron, Guy's Hospital.

RUTHERFORD ALCOCK, K.C.B., Vice-Chairman, Westminster Nursing Home.