

"DEATHS UNDER CHLOROFORM."

To the Editors of THE LANCET.

SIRS,—Having had the advantage of being a pupil of the late Sir James Syme in the Edinburgh Royal Infirmary, and having administered chloroform to some of his operation cases, I may perhaps be allowed to sound a forgotten or neglected note in the admirable rules for chloroformisation which he always laid down, and to which I have always strictly adhered, without ever meeting with a fatal though sometimes with an alarming case in thirty years' practice. The particular detail in the mode of administration to which I refer, and on which Sir James Syme was very emphatic, is that it should never be given on lint, and especially on folded lint. Now, it is a significant fact that amongst recent cases reported in THE LANCET of "deaths under chloroform," in at least two of them the chloroform was administered on folded lint. No further comment is needed.

I am, Sirs, your obedient servant,

WM. ROBINSON HILL, M.D. Edin.

Lymington, Hants, Dec. 5th, 1892.

To the Editors of THE LANCET.

SIRS,—Under the above heading in THE LANCET of Dec. 3rd you publish two letters, the second of which expresses Dr. Van Someren's classification of deaths under the use of chloroform. Curiously enough, the first letter by Dr. Rowland supplies details of a fatal case, showing that the accompanying circumstances were such as Dr. Van Someren advocates; the open method was adopted, and the heart was to all appearance healthy. From Dr. Rowland's account I conclude that death was due to one of two causes: either the reflexes were not abolished, and thus, although the patient was doubtless insensitive to pain, yet the effect of the skin incision was to arrest the heart through reflex irritation of the pneumogastric, the heart's action being already probably embarrassed by the upward pressure of the ascitic fluid; or the patient actually received a poisonous dose of the drug, and its lethal effect on the medulla resulted. That deaths occur with painful regularity under chloroform is apparent, notwithstanding recently expressed opinions of its perfect safety if the respiration solely be attended to. Every anaesthetist is aware that there are certain cases in which it is impossible to administer ether with due regard to the safety of the patient; but that there are numberless instances of chloroformisation in which ether, an undoubtedly generally safer anaesthetic, might have been used is equally true. With the present method of giving gas to start with ether is robbed of many of its defects; and I am of opinion that the annual death roll from anaesthetics would be materially diminished were ether, instead of chloroform, more frequently made use of.

I remain, Sirs, yours obediently,

Old Burlington-street, Dec. 2nd, 1892.

PERCY EDGELOW.

"DEATH AFTER VACCINATION."

To the Editors of THE LANCET.

SIRS,—*Apropos* of an annotation which appeared in THE LANCET of last week under the above title, will you allow me space to make a few comments? If the beneficent results of vaccination are to be obtained with the fewest mishaps, surely some further steps should be taken by the authorities to render such lamentable accidents as far as may be impossible. It is important to recognise that, however admirably vaccination may be performed in respect to selection of the lymph and technique of the operation, in a certain proportion of cases in the first eight days or so more or less unusually severe local inflammatory effects will occur, and "rashes" evolve—e.g., various phases of erythema multiforme and urticaria. Such complications, however, are usually manageable, transient and benign, and of no great importance, though naturally distasteful or alarming to the parents. It is after the vaccination has been pronounced successful and the child dismissed, no doubt with admirable advice and instructions for protecting and healing the sores, that real danger is to be apprehended from various infections. There is a certain proportion of mothers to whom it is nearly or quite useless to give instructions. The only safe course to prevent the occasional disastrous ill effects is to keep the children under observation until the sores have healed up under the

influence of proper treatment. Surely it is contrary to all modern teaching that children should be allowed to go about for weeks and even months with open sores, exposed to all sorts of possibilities of infection. A very simple trouble, and one which most commonly brings discredit on vaccination, is the auto-inoculation of pus producing the affection known as impetigo contagiosa. Formerly, I believe, it was the custom to see the vaccinated children later than the eighth day, and I strongly advocate that the vaccination should not be considered completed until the sores have satisfactorily healed.—I am, Sirs, yours faithfully,

T. COLCOTT FOX, M.B. Lond.

Harley-street, W., Dec. 6th, 1892.

"THYMOL AS AN ANTHELMINTIC REMEDY."

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to confirm the general results of Dr. Sonsino in his communication under the above heading in THE LANCET of Nov. 19th, 1892? For about two years I have used thymol as the one efficient remedy for expelling anchylostoma from more than two hundred patients. Unlike other vermifuges it seems to have a special action upon this worm, but I have always found that it was necessary to administer the drug two, three or more times. My usual habit is to give it once a week until upon two occasions no worms have been found in the stools after its administration. During the intervals the patient is dosed with iron to try to counteract his great anæmia. I originally gave ninety grains of thymol in six wafers within six hours, but I have now reduced the amount to sixty grains in two doses, accompanied by brandy. Even with this modified quantity anæmic patients are seriously collapsed for about four hours, the temperature falls about two degrees Fahrenheit, and the pulse and respirations become correspondingly less frequent. I only mention this to show that thymol must not be given in large doses without great care. Like Dr. Sonsino, I find that any coexisting ascarides or oxyurides are brought away by thymol, though not more satisfactorily than by the usual santonine and enemata. So far thymol has not yielded good results on the few tænia mediocanellata patients on whom I have tried it. It seems irrational to suppose that it could have any beneficial action on blood worms, such as filaria hominis. I have tried it, however, on several chronic cases of distoma hæmatobium without any effect. To these I gave it in doses of four grains three times a day for several weeks.

I am, Sirs, yours faithfully,

Cairo, Nov. 26th, 1892.

F. M. SANDWITH, M.D.

"COMPOUND FRACTURE OF THE INFERIOR MAXILLA TREATED BY WIRE SUTURE."

To the Editors of THE LANCET.

SIRS,—In justice to the late Mr. Hugh Owen Thomas of Liverpool, perhaps you will allow me to draw attention to the fact that about twenty years ago, in your columns, he described his method of treating compound fracture of the inferior maxilla by wire suture. In your last week's issue Mr. Carter of Leeds describes, as if original, a procedure almost identical even to detail with that of Mr. Thomas. The Thomas method has been described in some of the standard Surgeries, and two editions of the *brochure* descriptive of the operation have been published, the last by Mr. H. K. Lewis in 1881. I have performed the little operation in quite a large number of cases, and the ingenious way in which Mr. Thomas has shown us how to twist the ends of the wire may save Mr. Carter, as it has saved me, from the necessity of the guttapercha splint.

I am, Sirs, yours faithfully,

Liverpool, Dec. 6th, 1892.

ROBERT JONES.

THE CONDITION OF THE COMPETITORS' FEET AFTER THE LONG DISTANCE MARCH.

To the Editors of THE LANCET.

SIRS,—As considerable interest has very naturally been taken in the great marching competition held at Kingston in November I shall be glad if you will allow me to present to

your readers a few facts which have come under my own personal observation with reference to the condition of the men's feet after the march. By the courtesy of the officers on duty at the barracks I was allowed to see all the competitors who were present at the time when I arrived. Unfortunately I was unable to reach Kingston on Sunday, Nov. 6th, before the afternoon and by that time most of the competitors who had completed the distance had left. I wish to express my best thanks for the permission to see the cases which was so readily granted.

The greatest sufferer in his feet, mainly from ill-fitting boots, was a sergeant of volunteers. His feet were red, swollen, painful and blistered. The largest blister was situated between the ball of the great toe and the arch of the foot. It corresponded exactly in position with, and was obviously caused by, the projecting edge of the lining of the sole of the boot. The lining leather was altogether too hard. When the finger was pushed against the projecting edge the "upper," which was saturated and softened owing to the dirty state of the roads, receded and left the finger resting upon this sharp chisel-shaped unyielding ridge; so sharp was this, that it caused pain in the finger-tip when the latter was pressed firmly upon or drawn along it. There was also a blister on the little toe just on the classical position for a corn, due mainly to the fact that the boot had been built on a badly-shaped last. On the back of the heels were sores, and rather deep ones, due to friction against the seam which corresponded in position to the top of the stiffening. The shape of the heel of the boot was moreover such as to allow too much up and down movement of the foot with each step.

It was an agreeable surprise to go from this bad case and find the line men, who came in second in the competition, without exception in a far better condition. After an examination of each foot of each man in the team there was really little on the whole worth noting. One man—and he only on one foot, the right—had a blood blister the size of a shilling on the inner and upper aspect of the ball of the great toe. This was caused most probably by friction against the end of a deep and stiff wrinkle which ran across the boot. Two men had tender callosities in the soles of their feet. A few of the men had little blisters at the tips of some of their smaller toes. One complained of aching ankles and a pain in the arch of his foot, due chiefly, no doubt, to the fact that he suffered in a slight degree from flat foot. Some of the men showed no traces of suffering in their feet.

It is not my intention now to criticise in detail the regulation boot which this team wore, but merely to mention a few decidedly good points which it possesses, and which give it superiority over the commoner boots in the market, and especially over the bad pair which the volunteer referred to wore. 1. The general form of the sole is good, being true to the normal outline of the foot, not kidney-shaped, as so many inferior boots are made nowadays, owing to the employment of badly shaped lasts. 2. The lining is soft, smooth, and remarkably free from anything like a projecting seam. 3. The method of lacing is one of the best. 4. The shape of the heel of the upper part of the boot, made as it is to the natural form of the heel of the foot, is one of the best features. The cut of this heel is peculiar, and peculiarly good, one would imagine, as it must greatly prevent up-and-down friction, which is such a fruitful cause of ulcers and lesser troubles at the back of the heel.

It would be going beyond my present purpose to refer to other points which would more properly form part of a treatise on boots in general. My reason for desiring to see the competitors' feet and boots after a severe test such as this notable march was that I had made boots a hobby. At one time I suffered rather severely myself from corns brought on by London boots and pavements, and I soon realised how much larger a proportion of the public suffered in the same way than I had previously supposed to be the case. Considering the severity of the pain often endured, notwithstanding high prices paid for boots by some of the best makers, it seemed to me that this subject deserved very careful study, and would require a long series of experiments before anything like a satisfactory solution of the difficulty could be arrived at. The relief of corns is a comparatively simple matter, but their complete prevention is a problem not yet solved. As the result of many experiments, I have had boots made for myself by which corns can be produced or prevented in my own case at will. In the earlier attempts, as might have been anticipated, there were many difficulties and discouragements encountered. I shall be very glad to show the boots to any member of the medical profession who

may be suffering from either corns or a tendency to flat-foot and wish to try an experiment; and I hope to have an early opportunity of showing them at one of our medical meetings.

I am, Sirs, yours faithfully,

London, Dec. 5th, 1892.

ALFRED EDDOWES.

"TREATMENT OF OPHTHALMIA AMONGST CHILDREN OF THE POOR."

To the Editors of THE LANCET.

SIRS,—Your annotation on this subject affords me an opportunity of entering a protest against the fashionable system of boxing up a crowd of cachectic children in a special isolation hospital to cure them of infectious ophthalmia. "It is impossible," you say, "to confine them for many weeks consecutively to the infirmary, and the managers naturally hesitate to incur the expense of a special medical attendant and a staff of nurses, and the still greater expense of building &c. When the treatment has been continued for a year or more the disease is practically abolished." Let us hope so. Infectious granular ophthalmia is, *par excellence*, the eye disease of Ireland. If it were the practice of Irish ophthalmologists to incarcerate hundreds of such cases in special isolation hospitals and to keep them there for "a year or more" under subjection to all the paraphernalia of green shades, darkened windows, compress bandages &c., thousands would not number the cases of blindness, or tens of thousands of pounds the cost of isolation hospitals. Let me advise English school managers and my brother ophthalmologists to try our method—to spend not one penny in the shutting up of a crowd of poor cachectic children in hospital, but to make arrangements to give them a run in the fields for a couple of months, combined with a little local treatment to the conjunctiva, a liberal farinaceous dietary and a suitable tonic treatment. If they will adopt this course I can promise them a cure—in the average case—not within "a year or more," but within a month and at a nominal cost. I subscribe to the theory of isolation as a protection against infection, but am of opinion that, in this disease at least, that hobby is being ridden to death.

I am, Sirs, yours truly,

ARCHIBALD HAMILTON JACOB, F.R.C.S.I.

Dublin, Dec. 8th, 1892.

"MEDICAL AID ASSOCIATIONS."

To the Editors of THE LANCET.

SIRS,—In view of the inquiry by a committee of the General Medical Council into the proceedings of Medical Aid Associations, may I appeal to all medical men who have had experience of these bodies either in the capacity of medical officer, locum tenens, or otherwise to communicate with me. The experience of former medical officers will be particularly valuable as being less liable to be biased by personal interests than that of present incumbents, and there seems no means of communicating with such except by this public appeal.

I am, Sirs, yours faithfully,

Birmingham, Dec. 8th, 1892.

LESLIE PHILLIPS.

"PERIODATES IN CHOLERA."

To the Editors of THE LANCET.

SIRS,—There is a paragraph in your "annotations" under this head (p. 1230) which is not in accordance with chemical and physiological laws, which I therefore desire to correct. The misstatement is that the action of the periodates "can only depend on the readiness with which they give up free iodine." Permit me to explain that, although many hundreds of observations have been made of the action of the periodates upon the living body in health and in disease, in no single instance has an examination of the body's fluids or any one of its various excretions ever yielded "free iodine."

I am, Sirs, yours faithfully,

London, Dec. 7th, 1892.

RICHARD WEAVER, F.C.S.

SUCCESSFUL VACCINATION.—Mr. Frank L. C. Richardson, public vaccinator for the Rhayader district of the Rhayader Union, Radnorshire, has received a Government grant for successful vaccination for the second time in succession.