

not a particle of the voluminous evidence bearing on it was heard. In not one word that I have ever written or uttered have I departed from this platform, but the unfortunate action of the Committee of the Association of Members has made any further efforts to fight it perfectly impossible. I fully accepted the platform of the Association of Fellows, but at the very last meeting of its committee, at which I attended, I asked for an alteration of wording in a resolution which seemed to me essential, so that I might be free to retain my platform. My colleagues most courteously granted my request, so that I cannot see how they at least could misunderstand my position. At the next meeting, when I was not present, they paid me the compliment of asking me to be one of their candidates, but unfortunately, the day before, the circumstances had occurred which determined me that the fight for the Members' rights had become perfectly hopeless. The first announcement I had of my selection was in your own columns, and I was obliged hurriedly to make these columns the vehicle of my declining to stand.

The grievances of the Fellows, which are apart from those of the Members, are of but slight political import, but they are real. The grievances of the Members are practically those of the whole country in the reign of George II. The decision of Mr. Justice Romer would make the position of any ardent democrat on the Council of the College of Surgeons a very bed of thorns. What could such a one as I am do save sit till the end of each Council meeting and then go out, like the Scotch laird, into the road and "swear at lairge"? I am deeply grateful to those Fellows who have supported me in past years, and I express my deep regret to any of those who may have voted for me under the mistaken belief that I was a sort of liberal-conservative in college politics. I retire from the contest, for I feel that the battle is hopeless; but at the annual meetings of the College I shall as often as I can be one to support the annual vote of censure which the Council so pachydermatically endures.

I am, Sirs, yours obediently,

Birmingham, May 31st, 1892.

LAWSON TAIT.

THE USE OF MERCURY IN SUSPECTED SYPHILIS.

To the Editors of THE LANCET.

SIRS,—As no surgeon has commented upon Mr. Arthur Cooper's article in your issue of May 7th on Certain Modes of Treatment which interfere with the Diagnosis of Syphilis, I would like to ask one or two questions. Mr. Cooper strongly deprecates the use of (1) lunar caustic, (2) iodine paint, and (3) mercury internally, in cases of suspected syphilis in an early stage, on the ground of the obscurisation of diagnosis. As regards the two former, I have nothing to say; but I submit that the use of mercury in such cases is not to be too readily ruled out of court. Mr. Cooper's objection to the use of mercury in these suspected cases is that, if the case be syphilitic, it may so modify the early signs of the disease as to render them difficult to recognise, or may even prevent them altogether, "bearing in mind the remarkable rapidity with which syphilis in some cases is influenced by the drug." I do not gather that if syphilis be not present the mercury will do any harm.

Now, a certain diagnosis is of course highly important; but is there not some danger, if I have understood the author's meaning, of sacrificing the patient's interests to the diagnosis? Suppose that a sore is acquired which is not yet characteristically indurated, but one that most probably will become so after a few weeks. The surgeon has a remedy which, on Mr. Cooper's own showing, has a powerful effect in preventing or greatly modifying the early symptoms of the disease. Ought he to refrain from its use in order that the disease may develop its symptoms unchecked, and so provide him with a certain diagnosis? There is no doubt difficulty in the after-treatment of cases in which under mercury the sore has healed without induration, and such cases would doubtless need watching and much caution in the disuse of the remedy; but would not the gain to the patient have been a real one?

I am, Sirs, yours truly,

R. HINGSTON FOX, M.D.

Finsbury square, E.C., May 31st, 1892.

DEATH UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—I venture to trespass on your valuable space to make answer to the letters appearing in your last issue touching the circumstances of the death under chloroform which occurred recently at this hospital, as I, and not Dr. Colvin-Smith, was responsible for the preparation of the patient. I quite concur with the opinions expressed in those letters that the interval between the boy's breakfast and the operation was undesirably (and, I may add, unintentionally) long; but I do not hold that it contributed materially to the unfortunate result. It is so important that the stomach should be empty before an anæsthetic is administered that it is better for the patient to fast a little longer than usual, rather than run the risk of being narcotised with the stomach filled with recently ingested, and as yet undigested, food. It is a matter of great difficulty to get parents to appreciate this, and at least a quarter of the number of out-patient children who are anæsthetised vomit up large quantities of undigested food either during or immediately after the administration of chloroform. In many cases where this has occurred the parents have assured me that the children have had no food within the prescribed four hours, the obvious conclusion being that the stomach frequently does not rid itself of its burden of semi-digested food under four hours; while in other cases the children have been plied with biscuits or cakes to keep them quiet, shortly before being brought to the hospital, and the operation has been postponed in consequence. To avoid these difficulties as far as possible, I direct the mother to give the child nothing after eight o'clock, the operation being performed between twelve and one, thus ensuring a clear interval for digestion of four or five hours, which in the majority of cases is sufficient. Different directions are of course given for very young children or those who are being suckled. In this particular case the boy had his breakfast at 7.30, finishing it some time before 8; the operation was delayed till 1.15, in consequence of there being a large number of out-patients to be seen, and because it was thought desirable to perform the other two operations fixed for that day first, the patients being babies who required circumcision. Dr. Milson's suggestion of the administration of brandy before operation is one which I have many times put into practice whenever the condition of the patient or the severity of the operation has appeared to call for it; and I feel sure that on more than one occasion it has helped the patient to come with safety through the ordeal. In the case of out-patients the operations performed are not severe or prolonged, neither are the patients in a state of great debility, such as to demand the exercise of extra precautions, and I have not yet seen reason for administering brandy beforehand to such patients. The possibility that a dose of brandy might have prevented the unhappy result in this case I must admit; of the probability I venture to doubt. Most London patients affected with adenoids are pale and anæmic and of weakly constitution, and this boy was no worse than many I have seen. While recognising the reasonableness of Dr. Milson's *ex post facto* suggestion, I do not think there was anything about the boy's aspect to cause me to think that extra precautions were necessary.

As regards Mr. Square's remarks, I feel bound to say that he has, perhaps unintentionally, entirely overstated the facts. The boy was told to have nothing after 8 o'clock. It so happened that he began his breakfast at 7.30, though that hour was not mentioned expressly by me. The meal consisted of bread and milk, an egg, and tea, probably about as much as he would ordinarily take. He went to bed at 9 o'clock the previous evening, a little earlier than usual, and had his supper just before. He walked to the hospital, a distance of a little over a mile, not an excessive walk for a boy of eleven years, arriving about 11.30, the time he was told to come, accompanied by his mother, who remained with him in the waiting-room, where there were several other people, during the "weary hours" preceding the operation. It surely is a little ridiculous to assert that the boy had had but one meal in eighteen and a half hours, seeing that he had had both his supper and breakfast within that interval.

The "state of nervous excitement" is entirely a myth the boy took the chloroform quietly and composedly, as