

subjects the patient to no more risk of lung infection than a ride from Gower-street Station to Portland-road Station on the Metropolitan Railway.—I am, Sirs, yours faithfully,

H. BELLAMY GARDNER,

Assistant Anaesthetist to Charing-cross Hospital.  
Welbeck-street, Cavendish-square, W., March 2nd, 1897.

*To the Editors of THE LANCET.*

SIRS,—Probably other anaesthetists will reply to Mr. Clement Lucas's article "A Question for Anaesthetists," yet I should like to say a word or two on the subject. If the cases of pneumonia after operation which he mentions were due to septic infection from the inhaler, surely the condition of the inhalers must have been filthy in the extreme. At the Middlesex Hospital the interior of the ether bags and face-pieces are carefully cleansed with an antiseptic solution every day after use; but even before that precaution was adopted I never heard of cases such as Mr. Clement Lucas describes, and if they had occurred frequently I imagine that one would not have been left in ignorance on the point. As to the remark about the anaesthetist distending the ether bag with his own breath, I can only say from a pretty large experience in ether administration that in no case whatever can such an objectionable proceeding be necessary.

I am, Sirs, yours faithfully,

THEODORE G. A. BURNS,

Anaesthetist to the Middlesex Hospital.  
Welbeck-street, W., Feb. 24th, 1897.

*To the Editors of THE LANCET.*

SIRS,—We would point out, in answer to the question asked by Mr. Clement Lucas in THE LANCET of Feb. 20th, that it is quite possible to render aseptic all the apparatus for giving ether or gas and ether supplied by us, and that without any difficulty. At the suggestion of Dr. Dudley Buxton we made the rubber portions easily removeable, so that an antiseptic solution can be run into and through them and any like treatment can be applied short of boiling or baking, which, of course, is impossible in the case of rubber. Were there any large demand for such a thing a bag could be devised which could be replaced for every operation, daily or weekly, at a very small cost. We would also point out that it is not necessary for the bag to be inflated by the administrator's breath. If the cone end of our bag is held five or six inches from the mouth a slight blow will fill it, and that not by the administrator's breath, but by the surrounding air. The latest form of chloroform inhaler designed by Dr. Dudley Buxton is made so that the face-piece and all except the rubber parts may be boiled.

We are, Sirs, yours faithfully,

MAYER & MELTZER.

Great Portland-street, W., Feb. 25th, 1897.

"CORONER AND MEDICAL MAN."

*To the Editors of THE LANCET.*

SIRS,—In your annotation on "Coroner and Medical Man" in THE LANCET of Feb. 27th you lay down very clearly certain points, and I am fully willing to admit my technical error. Nevertheless, I should like to point out that *before I was sworn* I stated that I had had no order to make a post-mortem examination and that from the nature of the case the inquest could not possibly be concluded without the evidence arising from one. Nevertheless, in the face of this the coroner announced his intention not to give such an order. To quote your article, "The coroner, acting within his discretion, thought a post-mortem examination was not called for, and declined to make an order." To think that a post-mortem examination was not called for in the face of my positive statement that no conclusion could be arrived at without was absurd. You do not allude in any way to the other side of the case—namely, what would have happened if I had found some natural cause for death, and so rendered an inquest unnecessary. This was, of course, my reason for making the post-mortem examination, and on my making the remark to the coroner: "If I had found a natural cause of death and so saved the bother and expense of an inquest, you would certainly not have stated that my action was illegal." With this he fully acquiesced. One more question, if I may occupy

your space. Is it legal for a coroner to give an order for burial with a certificate of the cause of death without holding an inquest?

I am, Sirs, yours faithfully,

Feb. 27th, 1897. SIDNEY H. SNELL, M.D., B.S. Lond.

THE ETIOLOGY OF BERI-BERI.

*To the Editors of THE LANCET.*

SIRS,—There has recently been an epidemic of beri-beri at the Richmond Asylum, Dublin. As I take much interest in this disease—almost one-third of all patients I see are suffering from it—and in view of tin poisoning being a possible cause, I should be glad if I could find out through the medium of THE LANCET if there is any possibility of tin-poisoning occurring at the Richmond Asylum. One of the questions which has suggested itself to me is whether the water of the place is conducted through tin-lined pipes. It is probably an acid water, as are many of the waters of this country. I shall be much obliged for an answer to this question, and offer my thanks in anticipation.

I have the honour to be, Sirs, yours faithfully,

J. TERTIUS CLARKE,

Acting Resident Surgeon, Negri Sembilan,  
Straits Settlements.  
Jan. 28th, 1897.

THE DUBLIN SLAUGHTER-HOUSES.

*To the Editors of THE LANCET.*

SIRS,—I beg to ask you to allow me to correct an error into which I was led as to the number of slaughter-houses in Dublin. The mistake arose from the numbers having been allowed to remain on the buildings in the order in which licences were granted during the past 100 years. Thus, although these numbers run up to 359 at least, only 66 actually exist at present, in addition to the public abattoir. It is therefore a satisfaction to find that the number actually in use at present has fallen from 87 in 1879 to 66 as seen in the registered list, which has been kindly shown to me by Sir C. Cameron, the chief medical officer of health, and to learn that measures are being taken to extinguish three others. An attempt to abolish others failed under the Public Health Act. It is to be hoped that these measures will be continued, although their abolition is attended with expenses.—I am, Sirs, yours faithfully,

Dublin, March 2nd, 1897.

CHAS. F. MOORE.

"ALBUMINURIA IN PREGNANCY."

*To the Editors of THE LANCET.*

SIRS,—I see, to my great regret, that my article on Albuminuria in Pregnancy is published to-day without my revision. The manuscript was written in haste for reading at the Hackney Branch of the British Medical Association on Oct. 5th, 1896, and, as my revised slips will show, stood in need of much amendment. You will remember that when you accepted the paper it was on the understanding that I should be at liberty to alter it freely in slip. The fault, I admit, is mine, as I received the slips at the beginning of the week, but with no intimation that the article would be published that week. Was not the time allowed rather short? In fact I was too much pressed by other work to be able to return it sooner than I did. I hope that you will kindly publish this letter in explanation of a misfortune which has led to the appearance of my article in what I consider—and I fear my friends likewise will consider—to be a very rough and inaccurate state. The corrected slips would reach you on the day of publication.

I am, Sirs, yours truly,

T. CLIFFORD ALBUTT.

St. Radegund's, Cambridge, Feb. 26th, 1897.

P.S.—In the first paragraph I appear to point to a particular author as a supporter of the mechanical causation. By my revised slips you will observe that such an attribution was not intended.

"AN UNUSUAL RESULT OF ABORTION."

*To the Editors of THE LANCET.*

SIRS,—In reply to Dr. C. E. Purslow's request for instances of similar experiences made at the end of the account published under the above heading in THE LANCET of