

the character of a severe tremor), and highly suggestive of an epileptic seizure. This state of affairs continued probably not more than fifteen seconds, to be succeeded by complete loss of pulse and respiration, with pallor of face. Now up to this very time the pulse and respiration gave not the slightest indication for anxiety, and as corroborative evidence of the condition of the circulation the operator had to deal with a spouting artery. I must mention that the cutting part of the operation was completed coetaneously with the occurrence of the urgent symptoms—fifteen seconds' duration. The subcutaneous injection of ether (already at hand), the exhibition of nitrite of amyl, cold affusion, artificial respiration, and the galvanic battery availed nothing. It was noticed during the time artificial respiration was employed that the pupils would slowly contract, and this appeared more perceptible when the nitrite of amyl was used. There were in all some five or six of these pupillary contractions, but at no period was there any return of the apex beat. In conclusion, I may say that had I not been carefully noticing the condition of the pupil I should have had no warning from either pulse or respiration.

I am, Sirs, yours faithfully,

Bolton, Oct. 9th, 1888.

ROBERT PATRICK, M.D.

### WORK IN ASYLUM BOARD HOSPITALS.

*To the Editors of THE LANCET.*

Sirs,—In your leading article of last week on the work of the Asylums Board, in referring to my report, you make the criticism that "we are surprised to find him say that a weekly examination of the urine in ordinary scarlet fever cases is regarded as sufficient." Permit me to point out that this conclusion, and the criticism based upon it, are not warranted by the words of my report; for I expressly state in the context of Table A that "it has been the invariable custom to examine every patient's urine at least once a week, and in special cases more often than this."

I am, Sirs, yours faithfully,

Western Hospital, Fulham, Oct. 17th, 1888. R. D. R. SWEETING.

### THE ALPINE CLIMATE IN PHTHISIS.

*To the Editors of THE LANCET.*

SIRS,—Will you allow me space for a few remarks on Mr. Lowe's article in a recent number of THE LANCET on the Climate of Davos in Phthisis?

Mr. Lowe may consider himself a fortunate man, and it is not suprising that he rejoices in, and wishes to impress others with, the means by which he regained his health. He, however, seems to imagine that, because Davos suited him, therefore it must suit everyone else in a similar condition, which is very far from being the case even after eliminating those cases which are manifestly unfitted for the climate. Now I also can speak from experience, having spent nearly a year in Davos and in the Engadine, and I should, indeed, have stayed longer if the climate had not been *killing* instead of curing me. I do not, therefore, speak without adequate experience of the climate, as he charges Drs. Quain and Pollock of doing, and I unhesitatingly affirm that there are numerous cases even in an early stage to whom it proves harmful instead of beneficial, and that, if this is even suspected, such patients should not endeavour to stay there with the hope of its ultimately suiting them, as they are only too frequently encouraged to do, with most unfortunate results. If it is the intense cold which the constitution of the patient is unable to withstand rather than the altitude (and as it is the latter which is the important factor in curing the disease, as is proved by equally good cures being obtained in high altitudes in warm climates, and by the absence of phthisis even in large towns if situated at a high altitude—e.g., the town of Mexico), it would be far more judicious for the patient to descend at once to a warmer climate—e.g., the Riviera; and then to again try Davos or the Engadine in summer. I myself went there during the summer in an early stage of the disease, and also felt some of the benefit Mr. Lowe mentions he obtained, my temperature lessening, my appetite returning, and so on; in fact, I progressed very satisfactorily until the cold weather came, which was to effect the complete cure, instead of which it immediately brought on complications which did me more harm than any benefit I otherwise

obtained. Though I was as careful as I possibly could be, I got four attacks of pleurisy and one attack of congestion of the lung, and finally profuse and persistent albuminuria. I know several cases in which this latter effect has been produced, and an eminent London physician has informed me he has seen several cases in which albuminuria has apparently been produced by a winter's residence at Davos.

I am, Sirs, yours truly,

Madeira, Oct. 10th, 1888.

H. COUPLAND TAYLOR, M.D.

### "GROUPED COMEDONES."

*To the Editors of THE LANCET.*

SIRS,—On reading Dr. Thin's description of the above subject, it occurs to me that a short note of two cases I have lately seen would be interesting. On Saturday last two boys, brothers, aged about ten and eight, came to my out-patient room at the Sussex County Hospital, saying that they had ringworm. Each proved to have a group of comedones on the forehead: on the right side in the elder boy, on the left in the younger. Both were circular patches, and one was a perfect ring with clear centre. The coincidence struck me as curious.

I am, Sirs, yours faithfully,

Brighton, Oct. 16th, 1888.

T. JENNER VERRALL.

### MANCHESTER.

*(From our own Correspondent.)*

#### OWENS COLLEGE.

THE College has now got to work again in all its branches. The medical department was, as already noted in your columns, opened by an inaugural address by Dr. Ross on the 2nd inst., which was marked by a depth of thought and philosophical speculation which would not have been out of place either in subject or treatment at the Church Congress which commenced its sittings the same week in this city. In passing, it may be noted that the said Congress was one of the largest and most successful hitherto held, and some of the subjects under discussion, notably that on cremation, had a special interest for members of the medical profession. Principal Greenwood, speaking at the introductory lecture to the department for women in the College, stated that eight ladies had passed the preliminary or matriculation, two the intermediate B.A., and four the final B.A. examinations during the past year. The winter session of the evening classes was opened last night by a lecture from Mr. Tait, assistant professor in history. An important announcement was made that in the forthcoming session not only would the chemical laboratory be open for the use of evening students, but also the new engineering, biological, and physical laboratories, as well as the library—a boon which will undoubtedly be appreciated by those whose studies are perforce carried on when their ordinary day's work is over. Professor Hare, the newly-elected professor to the chair of surgery, was accorded a very favourable reception, considering what strong feeling was exhibited by the students at the time of his appointment. He is an able lecturer, and bids fair to become a popular one here. Dr. Paterson, before leaving Manchester to take up his duties as professor of anatomy at Dundee, was publicly entertained by numerous friends as a mark of their esteem during the five years he has been demonstrator at the College. At the same time that Dr. Paterson goes to Dundee another old Manchester student leaves that University to go to Aberdeen; Dr. Carnelly, who received his training under Sir Henry Roscoe, having been recently appointed Professor of Chemistry to the latter University. It almost seems that the Whitworth munificence is without end. It is but a week or two since that details were given in this column of charitable bequests to the amount of nearly £40,000; and at the late meeting of the court of governors it was announced that £25,000, in addition to that already given to the College, had been received from the Whitworth legatees towards the building fund; and, still further, an offer was made to the College of a valuable site for a new hospital, with £35,000 for building the same and an endow-