

exact quantity of chloroform is evaporated in a given time and mixes in a known proportion with the inspired air; and, further, the proportion of chloroform can be lessened at will or can be maintained constant. This cannot be done with the rough-and-ready "open method." The teaching in London of Snow, Clover, and their followers has always been to regard "stertor" as an evidence of obstructed breathing, and to insist upon the extreme danger of that symptom. In no well taught London hospital would a student be permitted to continue the inhalation of chloroform to a stertorous patient.—ED. L.

"DUBLIN INFECTIOUS HOSPITALS SCHEME."

To the Editors of THE LANCET.

SIRS,—In reference to the above subject, permit me to make the following statements, which I submit to the judgment of your readers. 1. The draft scheme for providing isolation hospitals outside the city of Dublin was drafted by me and submitted to Mr. Stafford, the medical inspector of the Local Government Board of Ireland. Mr. Stafford amended the scheme, and it was then submitted to and approved of by the Public Health Committee. 2. The scheme was submitted to a conference of representatives of the local sanitary authorities, and it was distinctly stated to them that the scheme could be modified in any way provided that provisions were made in it for establishing one or more hospitals for small-pox and a home for convalescents from infectious diseases outside the city. 3. In the draft scheme no reference is made to the existing Dublin hospitals, and a motion made at the conference to consider the question of the public money grants made to them was spoken against by me and was rejected. 4. In the recent small-pox epidemic there was not sufficient accommodation for the patients in the fever hospitals, and hundreds—chiefly convalescing cases—were obliged to go into the workhouse hospital. 5. The council of the Dublin Sanitary Association played a sorry part when they tried to stifle a scheme which was chiefly designed to provide a proper hospital for small-pox and a home for convalescents from infectious diseases. It is a new departure for a sanitary association to show solicitude for the ratepayers and apprehension that the establishment of isolation hospitals might interfere with medical education. 6. It is a pleasure to me to be able to state that at the beginning of our small-pox epidemic the authorities of the general hospitals at once agreed not to admit small-pox cases. I trust the time is not far off when they will extend the exclusion to a few other infectious diseases—scarlet fever and typhus fever, for example. There are in Dublin eight general hospitals (some of them with maternity departments) in which fever cases are received.—I am, Sirs, your obedient servant,

CHARLES A. CAMERON,

Superintendent Medical Officer of Health.

Public Health Office, Dublin, Nov. 2nd, 1895.

THE EFFECT OF CHRONIC NASAL OBSTRUCTION ON THE GROWING SKULLS OF YOUNG PERSONS.

To the Editors of THE LANCET.

SIRS,—Will you permit me to call attention to a point I have long insisted on—namely, the irreparable damage done to the growing upper maxillary bones, and consequently to the facial appearance, of young persons the subjects of chronic nasal obstruction? I have observed in a multitude of instances the constant association of narrow, flattened faces, pinched upper lips, highly arched palates, and crowded, irregular teeth with chronic nasal obstruction in one form or another, notably with deflected septa and turbinal hypertrophies and engorgements. Continental and American authors have frequently noticed this association, but apparently have not hit upon the relation of one to the other. For instance, Trendelenburg has pointed out the frequent association of highly arched palates with deflections of the nasal septum. Jarvis has reported a series of four cases in the same family, and thinks they are hereditary. Bosworth and many others have noticed the same association

and have offered various explanations, none of which appear to me sufficient.

I venture to think Ziem has set the matter at rest by his experiments. Ziem has proved that every obstruction of the nose exerts widely spread consequences on the development of the skull in young animals, one of whose nostrils he completely closed up for a long time. There was seen a deviation of the intermaxillary bone and sagittal suture towards the shut-up side; also lesser length of the nasal bone, of the frontal bone, and of the horizontal plate of the palate bone; and less steep elevations of the alveolar processes; smaller distance between the anterior surface of the bony auditory capsule and the alveolar process, also between the zygomatic arch and supra-orbital border; and smaller size and asymmetrical position of the vascular and nerve canals on the closed side of the nose. The distance of the two orbits from the middle line was unequal, which, as has been observed in man, leads to asthenopia, astigmatism, and strabismus.

I am, Sirs, your obedient servant,

Harley-street, W., November, 1895.

MAYO COLLIER.

"THE PHYSIOLOGY OF DEATH BY ELECTRIC SHOCK."

To the Editors of THE LANCET.

SIRS,—One result of the publication of my letter in your issue of Oct. 26th has been that a former pupil of mine (Mr. Charles H. Piesse) has done me the favour to send me a reference to an interesting paper in THE LANCET of Oct. 4th, 1890, by Mr. Percy Pope. For the benefit of those of your readers who may not be able to refer back to that number of THE LANCET I beg permission to state briefly the main points of the lucid narrative.

A number of soldiers at Aldershot were stationed under some small trees watching a cricket match when a sudden flash of lightning, like the bursting of a shell, was followed by cries for help from the men under one particular tree. Five men were found to have been more or less injured. No. 1, who had been sitting on the ground with his back against a tree from which a portion of bark had been stripped close to his head, was dead; the breathing and pulse had ceased and artificial respiration failed to revive him. No. 2 was quite unconscious; the respiration had ceased, but the pulse was still perceptible. "In this case artificial respiration was rewarded after some minutes by a gradual return to consciousness." Brandy was then given; he was removed to hospital and soon recovered. Nos. 3, 4, and 5 recovered consciousness without artificial respiration some few minutes after being struck. The state of the pulse and breathing during the brief unconscious period is not mentioned. All the four men were able to return to duty within a few days. It is remarkable that the man who was killed had no marks of injury on the head or face, but No. 2 had his hair singed, and there were marks of burning (like ecchymosis) on the left side of the face, neck, and upper part of the chest.

These cases afford interesting illustrations of three degrees of injury from lightning shock. No. 1 was fatally injured, with simultaneous arrest of the heart's action and breathing; No. 2 was unconscious, with suspended breathing, but was restored by artificial respiration; and Nos. 3, 4, and 5, temporarily unconscious, probably with suspended breathing, recovered from the shock without special assistance. The practical lesson is that *one man's life was saved by artificial respiration*. Some interesting particulars were given of the condition of the patients after the return of consciousness, but with these I need not occupy your space.

I am, Sirs, yours faithfully,

Savile-row, Nov. 4th, 1895.

GEORGE JOHNSON.

"A VERY EFFECTUAL METHOD OF TREATING MALIGNANT DISEASE OF THE BREAST."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 12th, 1895, under the above heading, appears an article by Mr. Arbuthnot Lane. I have on two occasions performed an operation exactly similar to the one he describes for recurrent scirrhus of the breast, with the exception that the third part of the subclavian