

include a considerable number of men detained for the day. The death-rate, apart from suicide, accidents, and sudden deaths out of hospital, was 323 per 1000 of strength. During the twelve months taken for comparison there was an epidemic of scarlet fever, 284 men having been attacked with that disease, and 5 cases terminated fatally. There were at one time as many as 119 cases under treatment.

VOLUNTEERS AT NETLEY.

The Manchester companies of the Volunteer Medical Staff Corps, under the command of Surgeon-Captain W. Coates, left Netley on Saturday, the 19th. During the week they daily paraded for waggon, stretcher, and company drill, and had opportunities of training at the Royal Victoria Hospital and in the arrangement of camps. On Friday, the 18th, they were inspected by Surgeon-Major-General Broke-Smith, Principal Medical Officer, Netley.

The Commander-in-Chief has lately decided that the Professors of the Army Medical School who are on the Active List shall be considered Extra Regimental Officers under Paragraph 55 (i) of the Pay Warrant. Brigade-Surgeon-Lieutenant-Colonel Stevenson, Professor of Military Surgery, has therefore handed over charge of the Surgical Division of the Royal Victoria Hospital, Netley, to the Assistant Professor, Surgeon-Captain H. Whitehead, F.R.C.S.

Correspondence.

"Audi alteram partem."

"NOTIFICATION : A MISCARRIAGE OF JUSTICE."

To the Editors of THE LANCET.

SIRS,—Will you allow me to clear up the imperfect report and to point the moral in the tale of notification to which you allude in THE LANCET of May 19th? On Feb. 1st I was called to see a case of typhoid fever, which I reported on Feb. 3rd to the medical officer of health at St. Ermin's-mansions, taking the address from the Beckenham Directory. The case died in relapse, and the certificate of death is said by the local board to be the first intimation received of the infectious disease. I hold that the failure of notification was due to the carelessness of the local board, which allows the local directory for 1894 to appear with the address of the medical officer of health as St. Ermin's-mansions when the London Directory shows that he left that address in 1892. Also that the board, although they knew in 1892 that I was in error as to their district and without their notification forms, neither communicated with me nor sent me a book of forms till just before these proceedings were commenced. After the sentence was passed I found the counterfoil of the case showing that I had complied with the Act, and this was produced by counsel in court at the next meeting of the magistrates. One point to which I would direct attention is this: should the onus of ascertaining the district lie upon the medical attendant? Close to the top of the Crystal Palace Park-road are four districts, and it would be a distinct improvement in the working of the Act to allow the medical attendant to report to his local medical officer of health and let the local authorities forward the report to its proper destination. I am advised that no chance of quashing the sentence exists unless I could prove the posting of the notification. Is this likely after three months? Does it not concern the inflictor quite as much as the victim of injustice to correct this defect in the law? The practical lessons of the decision are: 1. Care in retaining counterfoils and in noting upon them the date and mode of posting so as to be sworn to. The bench of magistrates have as superstitious a reverence for sworn statements as the old boards of guardians had for parchment. 2. Never go into court without legal advice. 3. Let us be more backward in promoting legislation affecting our profession till we know that the administration will be entrusted to judicious and competent hands. In defending myself in court, on the principle of sally, I attacked the local board in that, during a four years' existence of this Act, they had not prosecuted any local medical man, but took the opportunity offered by the supposed failure of a non-resident to earn a cheap reputation for activity. This was represented as an attack upon the medical practi-

tioners at Beckenham. It was not so, and nothing was further from my intention than to make any statement reflecting upon them. Their local board was a different matter, and the warmth of reception which my suggestion met with from its clerk made me think that I had hit the right solution of the motive in pressing conviction in my case.

I am, Sirs, your obedient servant,

JOHN H. GALTON, M.D. Lond.

Sylvan-road, Norwood, S.E., May 21st, 1894.

MORBID GROWTHS AND SPOROZOA.

To the Editors of THE LANCET.

SIRS,—I notice in the abstract of the Morton Lecture, published in THE LANCET of May 19th, Mr. S. G. Shattock emphasises the importance of certain cell-inclusions presenting a well-marked "peripheral granule layer" occurring in cancerous growths. I may be permitted to point out that I was the first in this country to publish¹ an account of such bodies, and to point out their signification.

Believe me, Sirs, yours truly,

J. JACKSON CLARKE.

St. Mary's Hospital Medical School, May 19th, 1894.

CASE OF SYNCOPE (?) UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—This case occurred in the operating theatre of the Western Infirmary, Glasgow, in the practice of Dr. H. C. Cameron, with whose kind permission I publish it. The patient was a female twenty-four years of age, and the operation was to open a cold abscess over the sternum. The anæsthetist administered chloroform freely for exactly three minutes and a half and gave none for the next minute, when he again administered a small quantity, and this he repeated a few times afterwards. The breathing was not stertorous when the inhalation was left off at first, but became so half a minute afterwards. Just as the operation was being finished, and about six minutes from the beginning of the inhalation, I observed the patient take some deep, almost heaving inspirations for about half a minute. The breathing then became slow and shallow, and on now taking the patient by the wrist it was found that the pulse was very slow, irregular, and scarcely perceptible. On applying the stethoscope over the heart the beats were excessively slow and barely audible. The lips were pale and bloodless, and the face and ears of a dusky hue. The foot of the table was elevated, and the colour of the lips and the action of the heart improved within a minute, and the patient was soon quite well. Before and after the state of the circulation above described she was very sick. The symptoms in this case seem to have been as grave as those recorded in many cases in which artificial respiration was resorted to. The points deserving attention are the following. The anæsthesia was never of the deepest, and the heaving respiration and subsequent phenomena occurred after the chloroform was finally stopped. The state of the respiration was the very same as I have observed in cats and dogs when taken out of a jar of chloroform; the deep and rapid breathing in the latter sometimes renders the vesicular murmur so loud that it may almost be described as "churning." This state of breathing is followed in dogs, as it was in this patient, by slow and shallow inspirations due to the state of apnoea induced by the previous excess of the respiratory function. Excessive respiration has been observed by others to be a precursor of danger under chloroform, for Dr. Turnbull of Philadelphia has observed that "when the breathing becomes very rapid danger is nigh," and heaving respiration has frequently been recorded in cases of fatal syncope. With regard to the circulation, the cardiac action was closely analogous to what I have described in cats when taken out of a chloroform atmosphere, and may also be compared with that remarkable retardation of the heart described by the Glasgow Committee as occurring in a dog two minutes after the chloroform was stopped, and coincidentally with which there ensued a sudden fall of pressure to zero.

¹ Medical Press and Circular, Sept. 27th, 1893.