

delaying it until the 20th. Perhaps, also, that, short of absolute necessity, it would be better not to inflict fresh wounds in the presence of so much septic material; and, lastly, that in such cases the mere washing out of the vagina is little better than waste of time.

I am, Sirs, your obedient servant,

FRANCIS T. TAYLER, M.B.

Lewisham High-road, S.E., Oct. 16th, 1888.

MEDICAL OFFICERS OF HEALTH AND THE LOCAL GOVERNMENT ACT.

To the Editors of THE LANCET.

SIRS,—Next April the new County Government Act comes into force. Under the provisions of that Act many medical officers of health who do not possess certificates in sanitary science or public health will lose their appointments. It is generally considered a simple act of justice that Acts of Parliament in Great Britain should not have *retrospective* action. It is evident, however, that this particular Act is to be an exception to this just and fair rule, and that in consequence many medical men who have made themselves fully competent to act under the Public Health Act, and have probably given up general practice, are to be driven out of their appointments, and treated by an act of their country's Legislature in a very unjust and arbitrary manner. As no redress is to be got from Parliament, and in order to counteract this act of injustice, would it not be becoming and gracious on the part of the Colleges from which each medical officer of health obtained his diploma to present all holding office at the date of the passing of the obnoxious Act with the necessary "certificate"? Many of these men have probably arrived at ages when to pass an examination is an ordeal both undignified and derogatory.

I am, Sirs, yours truly,

Oct. 17th, 1888.

W. W. H.

THE TEACHING OF ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—I regret that Mr. Silk, in replying to my letter of the 22nd ult., should state that I advocate "the indiscriminate use of chloroform." It is a groundless assertion. Mr. Silk further asserts that in America "the administration of ether is almost universal." Mr. M'Guire, addressing the Virginia Medical Society in October, 1887, says, "In the Southern States chloroform is principally used." I quoted the statistics of Messrs. M'Guire and Chisolm on account of their large experience of chloroform as an anæsthetic, and also because their names are known and respected wherever surgery is practised.

Mr. Silk recounts some instances of local prejudice and hysterical legislation against the use of chloroform, such as took place in the New England States. Dreading that similar results might, from your condemnation of the medicine, follow in these countries, I wrote my protest of the 22nd, and I am glad to see I do not stand alone on the question. I object to the creation of a prejudice that would restrict me in the choice of a therapeutic agent. Let the blame be fairly bestowed and not always cast on the drug, when it frequently should be thrown on the incompetent administrator. We do not condemn opium when an overdose has been prescribed, nor assert that had choral been used the patient would now be living; neither do we cry out against the general use of the drug.

I am certain THE LANCET would not approve of a law coercing a surgeon to use an anæsthetic other than that which commended itself to him as the most suitable; neither would it acquiesce in the condemnation of a surgeon by a coroner's jury who might arrogate to itself the right of deciding on the relative merits of ether and chloroform. I believe THE LANCET would in no uncertain tone advocate the surgeon's right to select his anæsthetic untrammelled by legislative interference, and undeterred by coroner's juries; but once let the prejudice get hold of the public, and your demand for justice for the profession will fall on the ears of those deafened by prejudice both to reason and argument.

I have had personal experience of ether, chloroform, and the A.C.E. mixture, and I prefer chloroform, and I appeal

to your sense of justice not to raise a prejudice against an anæsthetic which I consider best for my patients, and the one with the use of which I operate with the least anxiety. Teach the public that chloroform is a dangerous anæsthetic, and you make it so, by producing a dread of it in the patient's mind. Suppose chloroform driven from the field by prejudice, what anæsthetic will replace it for operations on children, in midwifery, patients suffering from renal and pulmonary and asthmatic troubles, and in those suffering from arterial degeneration?—in all of which cases Dr. Dudley Wilmot Buxton, anæsthetist in the University College Hospital, author of "Anæsthetics, their Uses and Administration," published this autumn, considers ether unsuitable.

I fully agree that it is a necessity to teach students to administer anæsthetics, and I believe, if they are properly taught, the mortality from chloroform anæsthesia will become almost *nil*. I do not advocate the indiscriminate use of chloroform or any other therapeutic agent, but I protest against the unqualified condemnation of so valuable and, I believe, so safe an anæsthetic.

I am, Sirs, yours truly,

Lower Gardiner-street, Dublin, Oct. 6th, 1888. GEORGE FOY.

* * Our correspondent is perfectly right when he says we should deprecate any legislation which dictated to a surgeon what anæsthetic he should employ. Every surgeon ought to be a fit judge of the matter, and should, we unhesitatingly assert, select ether for his routine anæsthetic, falling back upon the A. C. E., or some mixture containing chloroform when ether is contra-indicated. We cannot create a prejudice against chloroform, for that agent has already abundantly prejudiced most persons by its dangers. Education in anæsthetics will do much to lessen the death-rate, but, as we pointed out, chloroform deaths have occurred in the hands of the most expert—e.g., Snow, Clover, &c.,—and in cases where no question of overdosing could have arisen. Mr. Foy says: "We do not condemn opium when an overdose is prescribed"; but, we may indicate, we *do* condemn opium in forms of renal disease, and avoid its use. The moral points itself: let chloroform be condemned in all cases where the consensus of experience has shown that a safer anæsthetic can be given.—ED. L.

DEATH UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—Anent the recently and oft-repeated statement of the "safety of chloroform as an anæsthetic," I have the misfortune to place on record an additional fatal case, and this after an experience of nearly twenty years of hospital and general practice and an attendance at several thousand administrations.

The particulars of the case are as follows. The patient, a youth of fifteen years, the subject of phimosis, and on whom circumcision was about to be performed, was, to all appearances, in good health. The stethoscope revealing no contra-indication to the administration of chloroform, the patient having been carefully prepared for the operation, and there being at hand a hypodermic syringe charged with ether and also a bottle containing nitrite of amyl, the anæsthetic was commenced on a Skinner's inhaler. The administration proceeded satisfactorily for fully fourteen minutes, two drachms of chloroform having been used, when, the patient slowly showing signs of anæsthesia, I substituted the A.C.E. mixture; my reason for so doing was that I did not perceive any increase in the pulse. The administration of this mixture for five minutes (nineteen minutes in all) sufficed to ensure sufficient anæsthesia for the commencement of the operation, and, to my surprise, on the first touch of the knife the patient exhibited what I thought were signs of pain—viz., raising both his hands as if about to interfere with the operator. Having taken the conjunctiva as my test, and not wishing to push the anæsthetic before assuring myself of its absolute necessity, I again resorted to that test, to find that it was still anæsthetic, and that the pupil was dilating to an extraordinary extent. The face during this short space of time became congested, and the upper extremities were in a state of clonic spasm, of little amplitude (more after

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-