

greater distrust can be created by faulty diagnosis after admission to hospital.—I am, Sirs, yours truly,

JOHN MCGIBBON, M.B. Edin.

Durning-road, Liverpool, Feb. 24th, 1894.

## "DEATH FROM HÆMORRHAGE INTO THE PERICARDIUM."

To the Editors of THE LANCET.

SIRS,—It has been with much interest that I have read a communication on this subject in THE LANCET by Dr. John Gordon of Aberdeen relating the death of a patient, after two hours' illness, from slow hæmorrhage into the pericardium. Abdominal pain was a leading, if not the most prominent, symptom in the case; and although Dr. Gordon remarks, in the light of the subsequent necropsy, that "the reference of nearly all the symptoms to the abdomen was distinctly misleading," yet, as he well relates of a certain stage of the man's illness prior to death, "he now began to complain of intense pain in the abdomen." I feel grateful to Dr. Gordon for placing on record another instance of this misleading, though, as far as the pericardium is concerned, to my mind characteristic symptom; and I feel sure that his interest in the matter will enable him, as well as other readers of THE LANCET who may have had their attention directed to it, to assoilzie me from the conclusion of egotism if I refer to an article which you published in THE LANCET of July 11th, 1885, entitled "On the Symptoms of Abdominal Pain in Slow Intra-pericardial Hæmorrhage." I have there recorded three cases of death from slow hæmorrhage into the pericardium, where abdominal pain was a most marked, if not the salient, symptom in each instance. 1. Rupture of aortic aneurysm; patient's age forty-eight years; death in six hours. 2. Rupture of right auricle; age forty-five years; death in eight hours. (Rusts' recorded case after right auricular rupture lived fourteen hours.) 3. Stab of left ventricle; age twenty-five years; death in six hours. In each of these cases the abdomen was found to be absolutely normal, nothing being apparent to account for the intense abdominal pain complained of, which was certainly misleading enough to justify, in one instance at least, a diagnosis of peritonitis. In Dr. Gordon's case it is true that "the upper part of the small intestine was distinctly congested"; but probably he will agree that this was hardly sufficient to account for what is described as "the agony which the patient suffered," as little perhaps as it had to do with a death in two hours and ten minutes.

I am, Sirs, yours faithfully,

WILLIAM J. NAISMITH, M.D., F.R.C.S. Edin. (Exam).  
Feb. 28th, 1894. Surgeon, Ayr County Hospital.

## THE DISCUSSION ON ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—After considerable experience of both anæsthetics I have come to the conclusion that ether is incomparably safer than chloroform. There are drawbacks, however, to its administration which were not alluded to in the recent discussion on anæsthetics; for instance, it is dangerous to use ether when employing the actual cautery to the eye or face. I have seen the patient vomiting flame, the inhaler a mass of fire, and the nurse's dress ignited owing to want of caution in this respect. Again, the irritation of the vapour of ether is apt in certain cases to provoke an attack of bronchitis, not by any means a frequent consequence of its administration, but it is singular that the only two deaths I have known as a result of anæsthesia induced for surgical operations have been occasioned in this way. It does not appear to be generally known, but it is possible with this anæsthetic, if it is pushed, to operate in such cases as strabismus, for instance, or extirpation of the eyeball at a very early stage—i.e., in one, two, or three minutes—if the patient is directed to hold up his hand at the commencement of the inhalation and the opportunity is seized the moment it drops; in these cases recovery is just as rapid, and there is no sickness. The danger from chloroform, and I have seen several most alarming cases, has in my experience always been (contrary to the teaching of the Hyderabad Commission) from cardiac syncope; lowering the head, pulling forward the tongue, stimulating the heart by pressure and occasionally

artificial respiration have always in my hands sufficed for the restoration of the patient. A firmly contracted pupil has appeared to me a sufficient indication of the anæsthetic sleep, and I have had good cause to consider a widely dilated pupil as an indication of danger. One point not noticed is that the conjunctiva becomes insensitive in children much sooner than in persons advanced in years, in whom sensibility often persists after the reflex is abolished. I agree with Dr. Sansom that equal parts of alcohol and chloroform are preferable to the A.C.E. mixture; the strength of the vapour is in this way reduced by one-half and the danger is proportionally diminished. I find that children take this mixture more readily if it is scented and given on a handkerchief. I have also in very nervous cases administered chloroform during sleep, lifted the child out of bed, performed the operation, and returned it undisturbed. Nitrous oxide gas answers admirably in such operations as probing the lacrymal duct, removing tumours from the eyelid, strabismus, and other surgical procedures which admit of rapid execution. Its great advantage is that it does not cause vomiting; about six inhalations suffice to render a child insensible, and adults do not require, as a rule, more than a minute to render them incapable of feeling, a condition which may be maintained for four or five minutes—sufficient for many major operations. I have often used it in conjunction with ether, and if given with oxygen all cyanosis is avoided. Cocaine as a local anæsthetic is all that could be wished for in cataract extraction, and tropococaine, which does not dilate the pupil, is apparently equally useful. My experience of anæsthetics is perhaps not equal to that of Mr. White, but I have seen some thousands of cases.

I am, Sirs, yours truly,

CHAS. BELL TAYLOR, M.D., F.R.C.S. Edin.,  
Surgeon, Nottingham and Midland Eye Infirmary.

Feb. 26th, 1894.

## MEDICAL DEFENCE UNION.

To the Editors of THE LANCET.

SIRS,—We are instructed by the Council of the Medical Defence Union to point out that at the present time the actions in which the Union is involved, and which have recently been the subject of comment in the public and medical press, are *sub judice*, and that, pending the hearing and decision of these actions, it would be improper to discuss in the public press details regarding them. At the close of the pending litigation every facility will be afforded to the profession to obtain correct information and data on which to form a judgment.—We are, Sirs, yours truly,

HEMPSON AND ELGAR,

King-street, Cheapside.

Solicitors to the Union.

## MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

### Gas Management.

AN important discussion took place at the meeting of the council on Wednesday last as to the gas manufacture of Manchester, which is in the hands of the corporation. As to illuminating power, the gas compares well with that of many other places, though some people are sceptical as to its being always kept up to the standard. It seems, however, that the standard of so many candle power is a delusion, as there is no standard candle in existence. In the course of the discussion one speaker said that Manchester had one standard and Salford another, and that they differed from each other to the extent of two-candle power. The resolution was to the effect that the advice of a gas engineer of standing and authority should be sought as to the proper means in order to place the undertaking in a thoroughly satisfactory position; and the mover of it considered that the price might be reduced and the illuminating power and purity increased without any reduction of the profits, which go to the relief of the rates. The resolution was lost by three votes—equivalent, no doubt, to a "moral victory," and good will certainly result. Little or no mention seems to have been made of one impurity for which Manchester gas is alleged to have a bad name—i.e., the presence of sulphur in large amount. The discussion, however, has already done good in eliciting a letter on this subject from the secretary of the Manchester and Salford Sanitary Association. About