

inhaler was then removed and five or six inspirations of pure air allowed. The breathing then became regular and the chloroform was continued until the respiratory spasm had quite passed off and the cornea became insensitive. The lividity, however, remained. Just before the operation was about to be commenced the breathing became extremely shallow, so shallow that it was thought advisable to perform artificial respiration at once without waiting for it to stop. This was done and at the same time the jaw was pushed well forwards and the tongue drawn out by forceps. Artificial respiration was continued for about two minutes and then a few apparently natural respirations followed. These soon subsided, however, and artificial respiration was at once recommenced. There was no pulse perceptible at the wrist when artificial respiration was commenced for the first time. As no sign of life returned brandy was injected subcutaneously, laryngotomy performed (artificial respiration still being continued), a tube inserted and the lungs inflated, and the thorax then compressed, so as to imitate as far as possible natural respiration. No signs of life returned and after half an hour all further attempts were abandoned as useless. A post-mortem examination was made on the following day. The lungs were found to be slightly œdematous and the kidneys congested, both sides of the heart were quite empty and the muscular substance was found to be flabby. Microscopically the fibres were shown to be somewhat granular. It should be mentioned that there was considerable oozing after death from the laryngotomy wound. The explanation of the cause of death in this case is difficult. As the lividity was such a marked, early and persistent symptom, it seems probable that the very violent struggling induced by the chloroform produced an asphyxial condition rapidly followed by syncope. In connexion with this unfortunate case a question might be raised—viz., whether it would not be advisable in strong, muscular subjects to lessen the risks attendant upon violent struggling and consequent asphyxia by a preliminary injection of morphia.

I am, Sirs, yours truly,

C. H. LEAF, M.B., B.C. CANTAB., M.R.C.S., &c.

The London Hospital, Aug. 8th, 1893.

## THE LOSS OF LIFE FROM PREVENTABLE DISEASE.

*To the Editors of THE LANCET.*

SIRS,—On reference to the Registrar-General's returns for the last few years attention is naturally directed to the very high mortality resulting from whooping-cough, during last year in London alone 2475 deaths being reported. The question arises—Can anything be done in the way of compulsory isolation to retard the diffusion of this disease, it being by no means an uncommon thing to find children suffering with the malady in a well-marked form at railway stations and in public conveyances of various kinds?

I am, Sirs, yours truly,

EDWARD SAMUEL LEE, M.D.

St. Leonards, Aug. 5th, 1893.

## "CANCER OF THE UTERUS."

*To the Editors of THE LANCET.*

SIRS,—I am pleased to find by Dr. Lewers's letter that he adopts the same means for performing supra-vaginal amputation of the cervix as I do—viz., the scissors. His method, however, differs from mine inasmuch as he cuts the cervix from the body of the uterus on a level with the internal os, whereas I prefer to cut out a cone-shaped piece from the body so as to remove as much of the endometrium as possible. I quite agree with Dr. Lewers that the figures quoted by Dr. Byrne in reference to vaginal hysterectomy are somewhat misleading at the present time, and it is unfair to the operation to mix the results of operators who have done only one or two hysterectomies with the results of operators who have done a considerable number. Thus in my early cases my mortality was large, whereas in my last eleven cases I have only had one death or a trifle over 9 per cent. and I have very little doubt that by carefully selecting cases the mortality may be reduced still lower. In all cases, however, in which the disease is limited to the vaginal portion of the cervix, I should

advise the lesser operation as the risks of after complications are undoubtedly less and the shock to the patient from the operation is comparatively small.

I am, Sirs, yours truly,

Buckingham Palace Mansions, S.W.

F. B. JESSETT.

## "MEDICAL AID ASSOCIATIONS."

*To the Editors of THE LANCET.*

SIRS,—The following may serve to illustrate the effects on the managers of these associations of the late action of the General Medical Council. I accepted last year, with some ignorance of the matter, the post of surgeon to the Friendly Societies' Medical Association, numbering, I was informed, 1500 members. In return for the munificent sum of £150 per annum (increased by £25 this year) I was to attend twice a day at a surgery a mile away, treat and dispense for out-patients and visit members at their own homes within a radius of three miles. I was allowed £15 for cab hire (3s. per hour). The number of members turned out to be 2100. From January to June I paid 2000 visits over a straggling hilly town and the country around, attended twenty-four confinements, saw 6000 patients at the surgery and dispensed for them, wrote an unconscionable number of certificates, examined candidates for admission to clubs &c., without any aid whatever. A winter day's routine would include forty visits, ten miles of walking, the examining, treating, and dispensing for, eighty to a hundred patients at the surgery—thirteen hours' incessant work, which would leave me quite exhausted by nightfall, but happy if no confinement fetched me out of bed. I tried to do my work honestly, but found it impossible. On receipt of the resolution from the General Medical Council I communicated with my committee, drawing their attention to it, and asked them to provide a dispenser and conveyance, offering to bear half of the cost myself. My proposals were received with an insulting negative. I resigned; my resignation was accepted in the most ungracious manner, and advertisements were at once issued for a "new doctor." I may add, that the members of the association were for the most part willing and ready to pay an increased subscription (of 6d. a year!) to cover the cost of my relief but were overridden by three of the committee. I enclose my card and am, Sirs, yours faithfully,

THE SURGEON.

## RETURN PILGRIMS FROM MECCA.

EGYPTIAN QUARANTINE AT TORR.

(FROM A CORRESPONDENT.)

ACCORDING to the official report from Torr of July 25th the total number of pilgrims in the quarantine camp at that date was 12,106, whilst five steamships with a complement of 4186 pilgrims were waiting in the roadstead, the station being so full that it was impossible to disembark them, and five more steamships were expected on the next day. The total number of cases of cholera in the encampment from the first arrivals of the return pilgrims in the first week in July to the above date was 128 and there were 91 deaths. The greatest number of cases has been in the first ships arriving from Jedda, whilst the pilgrims who have taken the route to Medina and Yambo and have embarked at the latter place for Torr have arrived in a very satisfactory sanitary condition. The same fact has been noted in previous epidemics of cholera amongst the return pilgrims.

Amongst the first steamships to arrive this season from Jedda were the Turkish vessels *Abdul Kader* and *Seguthly*, carrying Turkish pilgrims. The pilgrims by these two ships suffered from the epidemic very severely. The first of these reported two deaths from cholera during the voyage. Arriving on July 8th at the station with 335 pilgrims, who were immediately disembarked, 44 cases occurred amongst them between that date and July 19th. In the section of the pilgrims who arrived by the *Seguthly* 56 cases occurred between July 5th and July 18th. Amongst the last six vessels,