

medical science may count on in the House of Commons. A memorandum, which had been prepared for this occasion, setting forth the necessity and utility of experiments in physiology, pathology, and therapeutics, was laid before the Council and discussed.

It was proposed by Dr. Matthews Duncan, seconded by Sir Risdon Bennett, and unanimously carried: (5) "That the memorandum as amended be distributed, with the sanction of the Council, among Members of Parliament or others who are interested in the advancement of Medical Science."

## Correspondence.

"Audi alteram partem."

### THE FIRST YEAR'S EXAMINATION IN ANATOMY AND PHYSIOLOGY.

To the Editor of THE LANCET.

SIR,—I gather, from conversations held during the past few days, that the large majority of the members of the various hospital staffs are not aware of the real character of the first year's examination proposed by the Royal College of Surgeons. The College desires that an examination in anatomy and physiology shall be held at each school at the end of the first winter session, and will not admit any student to the first College examination until six months after he has obtained a certificate of having passed the first year's examination. The lecturers on anatomy and physiology, who were summoned to a meeting at the College, were told that the Council wished to strengthen their hands in holding the sessional examinations which have been instituted at most schools during the last few years. At first sight the scheme appears harmless, and the object good. Probably on this account it has attracted much less attention than it deserves. But a careful consideration shows that it involves an entirely new principle, and a serious departure from the custom of the schools. For this examination is, to all intents and purposes, a qualifying examination for the M.R.C.S., and is to be held, not by the College examiners, but by the hospital teachers of anatomy and physiology. It is as certainly a qualifying examination as any now held by the College of Surgeons, inasmuch as a student cannot obtain his diploma without passing it, and it will cast upon the teachers of anatomy and physiology, in certain cases, the responsibility of excluding students from the profession. It behoves the schools to consider seriously whether they will permit their teachers of anatomy and physiology to accept this responsibility. I confess I can scarcely see any reason why they should do so, while I can find many reasons why they should not.

First, the business of the schools is to teach, and not to examine for diplomas.

Second, it is very undesirable that the schools should be placed under the control of any licensing body.

Third, if the schools undertake to hold an examination in certain special subjects for one licensing body, they may fairly be required to hold examinations in special subjects for all the licensing bodies.

Fourth, it is not proposed to remunerate the schools or the teachers for the trouble and responsibility of holding repeated examinations in anatomy and physiology on behalf of the College.

I have been told that the College will leave the "first year's examination" entirely in the hands of the school authorities, who may make it as easy or as difficult as they choose. Can any worse argument be used in favour of it? It may be easy in one school, difficult in another; it may be very unequal for different students in the same school; it may be a farce or a very disagreeable reality. From one or other of these causes complaints will soon be numerous and urgent, and who is then to guarantee that the College and the Medical Council will not insist on visiting the examination, and practically changing it from a private into a public ordeal. That the College, deeming a "first year's examination" necessary, should be pleased with this scheme is perfectly intelligible, for it will save them the expense and trouble of conducting it. But why the teachers of anatomy and physiology should have accepted it is incomprehensible.

Fortunately, the teachers of anatomy and physiology do not constitute the schools, whose opinion of the scheme has not been sought. It will, however, probably be given unasked; and if it be adverse, the College will scarcely care to push its authority so far as to force this examination on the schools.

I remain, Sir, yours obediently,  
Queen Anne-street, W., July 10th, 1882. HENRY T. BUTLIN.

### DESTRUCTIVE OPHTHALMIA.

To the Editor of THE LANCET.

SIR,—As ophthalmia is endemic in Egypt, I think it may be useful to draw the attention of my brother officers ordered there to a terribly destructive form of that disease which assailed us in Ceylon, and of which I have never been able to find any description in the usual text-books, though, no doubt, the dusty archives of the Army Medical Department contain information on that and many other items of valuable experience, buried (upon our blessed system) and useless to the successors of those who laboriously gained it, leaving them to work in the dark and learn for themselves at the expense of unfortunate patients. The form of disease in question manifested itself at the season of intensely hot and glaring days, followed by cloudless cold nights, just what is likely to be met with in Egypt. A man would appear in the morning sick, report with what looked an ordinary smart attack of simple conjunctivitis; by evening visit the eyelid affected would be found greatly swollen, almost as dark as a piece of liver, extending far down on the cheek, hiding the globe completely, while from beneath it flowed a thick puriform discharge; the pain in the eyeball being described as excruciating, and such as to prevent any sleep. Next morning the man would relate that he had so remained, suffering acutely, till long past midnight, when all at once he fancied something like a "gathering" broke, a great flow of hot fluid followed, and he experienced immediate and continued relief, so that he would tell his little history with great satisfaction, and fancy his eye was on the high road to recovery. Some days would elapse before the subsidence of swelling allowed one to see the globe, and then it would be found the cornea had burst, and the poor fellow's sight was gone for ever! Some unfortunates lost both eyes in this way, to my intense regret and mortification. Having been a pupil of old Jacob's, and having emptied eye wards handed over to me full, I had rather a good opinion of my skill in that line till the disease I have described presented itself and defied all the recognised methods of treatment. No abstraction of blood, either local or general, relieved it; the use of nitrate of silver and all other collyria seemed, to say the least, quite useless, if no worse. Fomentations and the injection of tepid solution of muriate of ammonia beneath the lids gave some relief; but the real severe cases, if they did not end by altogether destroying vision, seldom left a useful, perfectly sound eye after them. The trouble, worry, and annoyance that this outbreak gave, even in quiet cantonments, were very great; but how much worse would they be on service in Egypt! The moral of my story is, that rather too late in the day I found out that full doses of quinine and of opium were the proper remedies for this horrible ophthalmia, it being apparently caused by the malarious poison which shows itself in so many protean forms; and I hope that this dearly bought experience may now be of use to my younger brethren whose troubles are all before them.

I am, Sir, yours truly,  
Junior United Service Club, July 8th, 1882. J. C. CAMERON.

### ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—I can fully confirm Mr. Bendelack Hewetson's observations as to the superiority of methylated ether as an anæsthetic over that made with rectified spirit. The trial of it was suggested to me some two years ago by our analytical chemist here, Mr. Young, on the ground that as it was more volatile it would probably act quicker and safer as an anæsthetic. These conditions I have found fulfilled, and laryngeal spasm and troublesome sickness have seldom occurred.

Shortly after the adoption of the methylated ether by my colleagues and myself at the Infirmary, Clover's inhaler was introduced; and we calculate etherisation costs the Infirmary now 3s. 4d. less than formerly. In order to ensure obtaining the right article I would advise my readers to ask for "absolute methylic ether, specific gravity '717," as ordinary methylated ether is an abominable and unsuitable compound.

As regards deaths from ether, I make no doubt many occur which are never reported, for the simple reason that the death, instead of being instantaneous (as in the case of chloroform), occurs some hours later from bronchitis. At any rate, there have been two such deaths from ether at the Leicester Infirmary during the last nine years, against two from chloroform in the same period. I have felt it my duty to put this statement in print, as there is a growing tendency to hold a man guilty of homicide if he has the misfortune to lose a patient from chloroform; whereas a careful examination of all deaths occurring within three days of the administration of an anæsthetic might show that ether is not so very much safer than our old friend chloroform.

I am, Sir, yours faithfully,

FRANK H. HODGES, F.R.C.S. Ed.

Leicester, July 5th, 1882.

*To the Editor of THE LANCET.*

SIR,—Your article on "Chloroform," under date July 1st, once more calls the attention of our profession to the grave risk attendant upon the use of chloroform as an anæsthetic. I would at once put the question, Why use it when a far safer and more preferable agent is within reach? How many deaths would have been avoided had it been the universal practice to adopt Mr. Jonathan Hutchinson's golden rule—"Ether for all patients over six years of age and under sixty"? Does not this rule cover such cases as those recorded last week, and many others from time to time reported?

The history of the fatal case is practically the same. It is a young or middle-aged patient, in fair, or even robust health, who is about to submit to some minor but painful operation. Chloroform is administered; the first stage is protracted; in the second stage suddenly the pulse becomes weak, then stops; a few embarrassed attempts at respiration are made, and all is over. The horror-stricken attendants send galvanic shocks through the thorax, and vigorously perform artificial respiration, but all to no purpose. The autopsy reveals a healthy or slightly fatty heart, with uncontracted ventricles. Would all this have happened had ether been the anæsthetising agent employed? I venture to say emphatically, No. Ether stimulates instead of depresses the heart's action. Ether never caused the heart to fail in a young or middle-aged patient in fair or robust health. Why should chloroform then be used for such cases? Is it because, though acknowledged to be infinitely more dangerous, it is claimed to be more manageable and quicker in its action? This excuse does not hold good since Ormsby and Clover have placed in our hands their simple and efficient inhalers. Of the two I much prefer Ormsby's.

As house-surgeon to Mr. Jonathan Hutchinson, and house-physician to Dr. Palfrey, I had very great opportunities of testing various anæsthetising apparatus and agents. From an analysis of one hundred cases taken haphazard, where Ormsby's inhaler was employed, I find that complete anæsthesia is obtained in a shade under two minutes, and that the quantity of ether required is an ounce and a half for an operation lasting twenty-five minutes. The stage of excitement is very short. The secretion of mucus and consequent frothing about the mouth, and troublesome accumulation in the larynx, are reduced to a minimum.

The mask is so readily removed and replaced that operations about the mouth and nose are but little interfered with by the anæsthetiser. Since the Ormsby inhaler has been taken into general use at the London Hospital I am informed that the saving in ether has been enormous, and what I consider far more important is that chloroform is being gradually banished from the wards.

One word more and I have done. From my practice of the last six months I can fully endorse Mr. Hewetson's

remarks as to the advantages of ether prepared from methylated spirits. On the other hand, I have observed no disagreeable results from its use.

I am, Sir, yours, &c.,

Duke-street, W., July 4th, 1882.

W. H. FENTON JONES.

*To the Editor of THE LANCET.*

SIR,—In sending you an account of the inquest on the unfortunate man who died during the administration of chloroform at the Kent and Canterbury Hospital, I beg to make the following remarks.

James S—, aged forty-nine years, had formerly been a butler and accustomed to excessive alcoholic indulgences. He was admitted on June 9th for caries of the right fifth metatarsal bone, which was preventing the union of a wound caused two months previously by the removal of the little toe. His left great toe had also been removed five years ago for disease. He looked somewhat feeble, but bore no physical signs of cardiac disease; his urine was normal and his appetite fairly good, though he did not eat all the meat of his "full diet." After six days' rest in bed, chloroform was administered to him by the house surgeon in the ward, by means of a conical wire gauze inhaler covered with flannel, such as is used at St. Mary's. The patient breathed very quietly, but was slow in getting under the influence of the anæsthetic. I made one short quick incision down to the dead bone, and he said he felt it. Fresh chloroform was sprinkled from the drop-bottle on to the cone, after which the patient talked loudly in a drunken manner, struggled, and tried to sit up in bed; then his pulse fluttered, his face became livid, his jaw fell, his heart ceased to beat, he gave a few superficial and irregular sighing respirations, and all was over. The administration of the chloroform was stopped immediately the pulse fluttered. Artificial respiration, the tongue being drawn out, was at once resorted to, and a Stöhrer's battery was applied within two minutes, but the heart would not respond. The patient died within ten minutes from the commencement of the administration, which was most carefully conducted. The amount of chloroform used was nearly two drachms and three-quarters. The man was never fully under its influence, but died in the stage of excitement from sudden arrest of the heart's action.

Unfortunately the coroner did not order a post-mortem, and the friends would not give their consent to any examination of the body afterwards. Ether was the anæsthetic first employed at our hospital, and introduced there by my father; during the last thirty-two years chloroform has been administered (sometimes in various forms of inhalers, but chiefly on lint) with uninterrupted success. For the last five years I have occasionally used ether again, in a Clover's inhaler, but chloroform has been given as a rule.

I am, Sir, yours truly,

Canterbury, June 21st, 1882.

T. WHITEHEAD REID.

**"DOCTOR OR DRUGGIST?"**

*To the Editor of THE LANCET.*

SIR,—I have no doubt that the letter of "M.D." on this subject in your last week's issue will lead to some further correspondence, and that we shall have the pros and cons of the matter fully discussed. Whether or not "M.D." has during the natural course of his professional life wandered over the face of the globe, or whether he has even settled down to general practice, is a matter not quite clearly to be made out from his letter, although one cannot but hope that the former has been the case, for I take it that, from a practical point of view, no more irrational or illogical letter on any subject has ever been before inserted in your valuable paper. If your correspondent had waged war against the "counter" or "open shop" practices in most of the towns of these isles, he would doubtless have had the whole body of the respectable men of our profession with him. If he had started an agitation against that now almost constant and universal practice of chemists prescribing for their customers, a general crusade against this formidable evil might have owed its origin to his pen. But how can he for one instant sit down and attempt to bring before the medical world the sweeping so-called medical reform—that no