

GLASGOW is not the only town in Scotland boasting of an exceptionally high death-rate. In Dundee the mortality has reached the high figure of 37·71 per 1000 annually. The medical officer of health for the town attributes this excessive fatality to the extreme and continued cold which has prevailed throughout the district during the past month.

AMONG the original articles in the January number of the *Journal of Mental Science* is one by Dr. Samuel Wilks, F.R.S., on the "Study of the Human Mind from a Physiological View," which, dealing as it does with a subject of increasing interest and importance, will be certain to be read with attention.

THE death-rate of Liverpool is assuming alarming proportions. Dr. Trench, medical officer of health for the town, reports that during the week ending January 2nd the mortality was 51·2 per 1000 annually. In the preceding week the rate was 36 per 1000.

THE Lambeth Guardians will shortly submit plans to the Local Government Board for the erection of a new infirmary for the district. The estimated cost of the building is from £48,000 to £50,000.

THE Hunterian Oration at the Royal College of Surgeons will be delivered on the 13th of February by Mr. F. Le Gros Clark, F.R.S., president of the College.

SCARLATINA, although still the most fatal epidemic in the chief towns of Scotland, shows signs of abating.

## Correspondence.

"Audi alteram partem."

### STRICTURE OF THE ŒSOPHAGUS.

To the Editor of THE LANCET.

SIR,—The following case of stricture of the Œsophagus would seem to me to be worth recording:—

In the middle of July last a lady of about sixty years of age came under my care with the following symptoms for six months previously:—She had been gradually losing strength and flesh, her complexion had become sallow, and she had had increasing difficulty in swallowing. There had been little or no pain, but she seldom passed many days without retching up a quantity of glairy tenacious mucus. At the time she first came under my care it was with difficulty she could swallow the smallest particle of solid food, and she subsisted chiefly on beef-tea and other fluid nourishment. The difficulty of swallowing continued to increase, and about the time of my first seeing her she became affected with a very troublesome cough after every attempt at swallowing any description of food or drink. This latter symptom increased to such an extent, and the fits of coughing became so distressing and prolonged, that she was compelled to give up taking anything whatever by the mouth, and from the latter end of August, for a period of nearly nine weeks, she subsisted entirely upon strong nutritive enemata, administered about every three hours. She still continued very free from pain, but vomited several times a day a somewhat thick, glairy, mucus, containing blood and pus. No instrument was passed down the throat, but there could be little doubt that she had stricture of the Œsophagus, and from the excessive irritation and cough caused by any attempt at swallowing, I predicted that there was ulceration into the trachea or left bronchus.

At the post-mortem, which was conducted by Mr. Branwell, this was found to be the case. The Œsophagus, at the part where it is crossed by the left bronchus, was extensively ulcerated—in fact, its whole structure was broken up, and the disease had extended for a considerable distance to the

neighbouring parts. The left bronchus and the trachea at its bifurcation were extensively implicated in the disease, with numerous ulcerated openings communicating with the Œsophagus. The disease had not extended to the stomach or any of the viscera, and it was probably a case of epithelioma; but in this stage of the disease it is very difficult to distinguish between the different varieties of soft cancers.

This case is important, as showing the danger of passing probangs or other instruments recklessly down the Œsophagus in cases of stricture. The operation is attended with considerable pain and inconvenience to the patient; and never, in any case that I have seen or heard of, has any permanent good resulted from it. On the contrary, in all cases which have come under my notice, all the symptoms, including difficulty of swallowing, have been exasperated by the operation. Had any instrument been used in this case, it would most assuredly have passed into the lungs, or, perhaps, have wounded some large vessel, and have caused immediate death.

I am, Sir, your obedient servant,

WILLIAM KEEBELL, M.D.,

Senior Physician to the Sussex County Hospital.  
Brighton, December 12th, 1874.

### ETHER v. CHLOROFORM.

To the Editor of THE LANCET.

SIR,—The question of the superiority of ether over chloroform is so important that I am glad that Mr. Pollock has brought his great experience as an operating surgeon to bear upon it in a letter published in THE LANCET two weeks ago. I entirely concur with every word he said.

As I have elsewhere expressed my views at some length on the dangers of chloroform and the safety and other advantages of ether, I need not trouble you with more at present than to say that I have administered ether very largely since with the very best results, and I can speak now even more strongly in its favour than I did then.

Now that it has been shown that ether is incomparably safer than chloroform, and those gentlemen who have had the largest experience in the administration of anæsthetics in London have now adopted ether to the exclusion of all others in operative surgery, I think anyone who should be unfortunate enough to meet with a fatal case from chloroform or bichloride of methylene would incur a great responsibility. I do not think it is necessary to adopt Mr. Clover's plan of administering nitrous oxide in combination with ether to overcome the irritation of the glottis caused in some cases by the latter. I fear this method would rather retard than expedite the general introduction of ether as an anæsthetic. All I do in these cases is to allay the irritation by commencing with a few whiffs of chloroform.

I believe, Sir, that with your powerful advocacy we shall soon see ether replace chloroform and bichloride of methylene in this country as the anæsthetic in general use, which I need not say would be a great boon to humanity.

I am, Sir, yours, &c.,

THOMAS JONES, M.D.

Chapel-street, Belgrave-square, S.W., Jan. 12th, 1875.

To the Editor of THE LANCET.

SIR,—I have constantly observed that when inquiry is made into deaths occurring after the administration of chloroform, the apparatus used and the quantity expended are carefully recorded, but the *quality* of the drug is never investigated.

I believe that in Edinburgh, and, indeed, throughout Scotland, these fatal cases have been extremely rare. This cannot be due to the employment of any elaborate apparatus, as Simpson's plan of giving it on a handkerchief is almost universally adopted there.

I have no doubt that the complicated machines which are now used in London are nearly as safe as Simpson's method, if the administrator thoroughly understands the instrument, and it is in good working order.

I understand that in Scotland the chloroform made by one well-known firm is almost exclusively used. I have found on inquiry that many practitioners in this country, in common with myself, insist on having it supplied to them

from the same source. I have no doubt that many other manufacturing chemists make it equally well, but the costliness of the drug tempts others to produce it by more economical processes, the result of which is not thoroughly stable, especially if exposed to light, air, and variations of temperature.

When I was house-surgeon to Guy's, during the first six months of the year 1861, it was one of my duties to administer chloroform. I observed that different samples acted differently, not only in the rapidity of the anæsthetic effect produced, but that after the use of one sample of the drug secondary sickness would be rare, but after another sample it would be common.

My object in writing is to suggest that everyone who is about to administer chloroform should, if possible, carefully examine the fluid before using it. I venture to say that if those of your readers who have chloroform in their possession will apply the Pharmacopœia tests to it, a large proportion will find that their specimen is impure, and therefore, I believe, dangerous.

Permit me to say, in conclusion, that I think that we ought not to assume that every death occurring during the administration of chloroform is due to that agent. I myself saw a patient die on the table during amputation of the thigh, and another whose arm was amputated nearly met with the same fate, but was resuscitated with extreme difficulty, and suffered from collapse and sickness for some days afterwards. These cases occurred more than twenty years since, before anæsthetics were so universally employed. It was decided in consultation not to give chloroform to either of these patients; if it had been given the anæsthetic would, as usual, have borne the blame.

I am, Sir, your obedient servant,  
Seaford, Sussex, January 2nd, 1875.

B. J. TUCK.

### "STRANGE OBSTETRIC PRACTICE."

To the Editor of THE LANCET.

SIR,—In a paragraph in this week's LANCET under the above heading, wherein a case related by M. Blondeau is reported, where the placenta was allowed to remain in utero for a whole week for fear of hæmorrhage, you "leave obstetricians to think about this case," very properly adding "that in general the removal of the placenta arrests hæmorrhage, rather than favours it, even in a six months' case"; still the rule does not invariably hold good. Dr. Leishman remarks that "after expulsion of the fœtus, instead of a speedy recurrence of the pains, and a natural and unaided expulsion of the placenta, the uterus remains quiescent, the os closes, and the placenta, with the membranes, is retained, sometimes for hours only, but often for a much longer period, extending to eight or ten days, or even more" ("System of Midwifery," pp. 418-19). It is well known that "in all cases the placenta is retained much longer after the expulsion of the child in abortion than in labour at the full time" (Burns), owing to the more intimate anatomical connexion between the uterine sinuses and the placental tufts at this period; and it must be in the experience of many obstetricians to have witnessed cases of severe flooding, where the patient's strength had been so reduced that the mere effort to remove the retained placenta would, by the shock produced, have determined the issue we were so anxious to avoid.

In such a severe case of hæmorrhage as the one reported by M. Blondeau, where transfusion had been had recourse to, and where "the patient progressed favourably," I think he was fully justified in waiting and watching. Fever and tympanites set in immediately after the spontaneous expulsion of the placenta, not apparently due to its long retention, but to the admission of air into the relaxed uterine cavity.

I am, Sir, yours, &c.,  
Wimpole-street, W., Jan. 11th, 1875. ARTHUR W. EDIS, M.D.

### EPILEPSY: ANÆMIC OR CONGESTIVE BRAIN?

To the Editor of THE LANCET.

SIR,—I believed for many years that in epilepsy the brain was invariably in an anæmic condition, with the rare exceptions where congestion of the face was present, until

the discovery that bromide of potassium, which has been shown to lessen the amount of blood circulating in the brain, was of considerable benefit in epileptic seizures, particularly in the petit mal variety. A paper in last week's LANCET by Surgeon-Major Chapple, in which an epileptic attack supervened in a cataleptic patient when placed in a recumbent position, when more blood passed to the brain than previously, is an important fact; and this incident, and the known therapeutical action of the bromide of potassium, the most successful remedy we possess for epilepsy, lead me to suppose that the anæmic theory of the latter disease is a mistaken one.

I am, Sir, your obedient servant,

CHARLES H. ROBINSON, F.R.C.S.I.

Dublin, 11th January, 1875.

## Medical News.

**APOTHECARIES' HALL.**—The following gentleman passed his examination in the Science and Practice of Medicine and received a certificate to practise on Jan. 7th:—

Catford, John Pine, Pemberly, Bedford.

**THE will of Dr. John Watts, of Shrewsbury, has been proved under £18,000.**

**DR. THOMAS T. PYLE** has been placed on the Commission of the Peace for Sunderland.

**DR. UNDERHILL, of Summerfield House, West Bromwich, has qualified as a magistrate for the county of Stafford.**

**BY the quarterly returns, the death-rate of the township of Hexham is shown to be about 33 per thousand.**

**IN Belfast, for the week ending the 2nd inst., 34 deaths were caused by scarlet fever, being an increase of 12 over that of the preceding week.**

**DR. CAMERON's report for last month shows that 21,000lb. of unsound meat were condemned as being unfit for food, during that period, in Dublin.**

**DR. EDWARD YOUNG, being about to leave Salisbury, has resigned the coronership of the city and borough, and Mr. George Smith has been elected his successor.**

**SIR WILLIAM STIRLING MAXWELL** will be brought forward by the Conservatives for the Chancellorship of Glasgow University, and Lord Moncrieff by the Liberals.

**AT the monthly meeting of the Wallsend Local Board on Monday afternoon, it was resolved to appoint a committee to act in unison with the joint committee formed for the purpose of securing a better water-supply, the meetings of which have been held at Gateshead.**

**ARTS EXAMINATION.**—The result of the examination in arts, &c., for the diploma of Fellow or Member of the Royal College of Surgeons, held on the 22nd, 23rd, and 24th of December last, will be made known to the candidates in the course of a few days.

**LIVERPOOL MEDICAL INSTITUTION.**—Office-bearers and Council, 1875:—President: Mr. McCheane. Vice-Presidents: Mr. T. S. Walker, Dr. Davidson, Dr. Steele, and Dr. Desmond. Treasurer: Dr. Oxley. Honorary Secretaries: Dr. Lyster and Dr. Glynn. Honorary Librarian: Dr. W. Carter. Council: Dr. J. Bligh, Mr. E. A. Browne, Dr. W. M. Campbell, Dr. Caton, Dr. Dickinson, Dr. Grimsdale, Mr. Harrison, Mr. Newton, Mr. Rushton Parker, Mr. Puzey, Dr. Turnbull, and Dr. Waters.

**ROYAL NATIONAL LIFE-BOAT INSTITUTION.**—At a meeting of this excellent and deserving institution held last week, under the presidency of Mr. Thomas Chapman, F.R.S., it was stated that nearly £800 had been granted to the crews of life-boats for services rendered during the severe storms of the past month. In that period the life-boats had saved 134 lives. The clasp of the institution was voted to Captain C. Gray Jones, R.N., in recognition of distinguished efforts to save human life.