

3 in Glasgow, showed a decline from recent weekly numbers; and of the 6 fatal cases of diphtheria, 4 occurred in Glasgow. The deaths referred to the principal diseases of the respiratory organs, which had been 56 and 69 in the preceding two weeks, declined last week to 55, but exceeded the number in the corresponding week of last year by 6. The causes of 69, or 15 per cent., of the deaths registered in the eight towns during the week were not certified.

#### HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 16.3 and 22.8 per 1000 in the preceding two weeks, further rose to 24.8 in the week ending July 27th. During the first four weeks of the current quarter the death-rate in the city averaged 21.7, the mean rate during the same period being 18.2 in London and 16.2 in Edinburgh. The 168 deaths in Dublin showed a further increase of 14 upon the numbers in the preceding two weeks; they included 12 which were referred to diarrhoea, 4 to "fever," 4 to measles, 3 to whooping-cough, and not one either to small-pox, scarlet fever, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 11 and 25 in the previous two weeks, were 23 last week; they were equal to an annual rate of 3.4 per 1000, the rates from the same diseases being 4.4 in London and 2.3 in Edinburgh. The deaths referred to diarrhoea, measles, and whooping-cough were fewer than those returned in the previous week, while those of "fever" showed an increase. The deaths of infants were fewer, and those of elderly persons more numerous, than those in the previous week. Five inquest cases and 1 death from violence were registered; and 54, or nearly a third, of the deaths occurred in public institutions. The causes of 11, or more than 6 per cent., of the deaths in the city were not certified.

## Correspondence.

"Audi alteram partem."

THE

### HYDERABAD COMMISSION ON CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—I have referred with interest to the annotations in your issues of Feb. 23rd and March 2nd, and notice with surprise in the report of 128 dogs poisoned with chloroform that, "no matter in what way it was given, in no case did the heart become dangerously affected by chloroform until after the breathing had stopped." The fewer number of experiments performed by myself with the view of finding the best means of procuring resuscitation in cases of chloroform poisoning, and which were published in THE LANCET in 1885, showed conclusively that in some instances the pulse stops before the respiration, but in others the respiration before the pulse. Reference to the detailed reports of my observations<sup>1</sup> also shows that if any impediment to the respiration exists, death results from asphyxia, the respiration ordinarily stopping before the circulation. On the other hand, if all impediment to respiration be removed by drawing forwards both the tongue and epiglottis during the administration of the anæsthetic, when poisoning occurs, it is from cardiac syncope, the circulation stopping before the respiration; although these rules are not invariable. The danger of cardiac syncope may also be reduced by the exhibition of atropine and ammonia prior to the administration of chloroform. In illustration of the fact that respiration sometimes ceases before circulation, and *vice versa*, allow me to quote the following extracts from some of my experiments already referred to.

*Exp. 5.*—Weight of dog, 11 lb. At 3.5 P.M. chloroform was freely administered on a towel, with a small supply of air. At 4.1 the respiration ceased entirely. At 4.2 20 sec. the femoral pulses, which Dr. van Duyse and myself had been carefully feeling, ceased.

*Exp. 6.*—Weight of dog, 16.5 lb. The administration of chloroform was commenced at 6.15 P.M. The pulse became intermittent at about 6.34, and ceased entirely at 6.34 30 sec. The respiration ceased at the same time as the pulse, and could not be restored by artificial respiration, the tongue having been drawn out.

*Exp. 7.*—Weight of dog, 18 lb. Chloroform administered at 11.30 A.M. The pulse became irregular at 11.36, and ceased just before the respiration, at 11.40.

*Exp. 8.*—Weight of dog, 14.38 lb. Administration of chloroform commenced at 3.34 P.M. Respiration stopped at 3.46. The pulse stopped at 3.51.

*Exp. 10.*—Weight of dog, 15.2 lb. Chloroform administered at 4.10 P.M. The respiration stopped at 4.24, and the pulse at 4.32.

*Exp. 11.*—Weight of dog, 11.12 lb. Administration of chloroform at 10.21 A.M. At 10.30 the pulse became intermittent. At 10.34 the pulse stopped entirely, and the respiration directly afterwards.

*Exp. 12.*—Weight of dog, 7.05 lb. At 11.58 A.M. chloroform was administered. At 12.3 P.M. the pulse became intermittent. At 12.5 the pulse and respiration stopped, but returned after the performance of artificial respiration. Chloroform was exhibited again. At 12.8 P.M. the pulse and respiration ceased, and did not return after the renewal of artificial respiration.

*Exp. 13.*—Weight of dog, 9.8 lb. At 3.49 P.M. chloroform was administered. The pulse became intermittent at 3.54 P.M.; it stopped completely once or twice, but was restored by artificial respiration. Finally the pulse and respiration ceased at 4.2 P.M.

*Exp. 14.*—Weight of dog, 16.21 lb. At 10.39 A.M. chloroform was administered. At 10.46 there was irregularity of the pulse, and at 10.47 it stopped. At 10.47 30 sec. the respiration stopped.

*Exp. 15.*—Weight of dog, 27.09 lb. At 11.49 A.M. chloroform was administered. At 11.53 the pulse became intermittent, and at 11.56 it stopped. At 11.58 the respiration ceased.

*Exp. 16.*—Weight of dog, 26.32 lb. At 10.40 A.M. chloroform was administered. At 10.50 the pulse became intermittent. The respiration ceased at 10.50 36 sec. The tongue and epiglottis had fallen back, and were both drawn forwards. Artificial respiration was performed till 10.58, the pulse having stopped at 10.55 A.M.

*Exp. 17.*—Weight of dog, 21.8 lb. At 12.9 chloroform was administered. At 12.13 the respiration stopped, and at 12.14 15 sec. the pulse also.

Here are twelve experiments in which the relationship of the cessation of respiration to circulation was noted, and it was found that in four of them (Nos. 7, 11, 14, and 15) the pulse stopped before the respiration; in five of them (Nos. 5, 8, 10, 16, and 17) the respiration stopped before the pulse; and in three (Nos. 6, 12, and 13) the pulse and respiration ceased simultaneously. Of the twelve dogs employed in these experiments, five of them (Nos. 5, 11, 12, 14, and 15) were successfully resuscitated after apparent death by infusing saline fluid into the external jugular vein, with simultaneous depletion and artificial respiration, thus removing a portion of the poisoned blood and stimulating the respiration and circulation. In Experiment 15 six minims of liquor ammoniæ in water were injected hypodermically into the dog twelve minutes before the administration of chloroform, in order to retard coagulation of the blood after cessation of the circulation. Infusion of saline fluid was not commenced till eight minutes after the cessation of the pulse and six minutes after the cessation of respiration, and yet the animal recovered.

I am, Sirs, yours faithfully,

CHARLES E. JENNINGS, F.R.C.S., M.S.

Upper Brook-street, W., July 13th, 1889.

## DEPRESSED NIPPLES.

To the Editors of THE LANCET.

SIRS,—I note on page 12 of your issue of July 6th a paper by Dr. Herman on "Professor Kehrer's Operation for a Depressed Nipple." Prevention is better than cure. In my hospital practice, both in and out, my attention has long been given to the great negligence shown by young women and their mothers (who ought to know better) to this small but important organ, and I lose no opportunity, when examining a young female patient, of ascertaining that the nipples are properly developed, and, if not, of pointing out the probable consequences of neglect, with advice as to the future.

When we consider what a pleasure it is to a woman to nurse her baby, we must regard a woman with an undeveloped nipple as an incomplete human being deprived of much lawful enjoyment, to say nothing of the probability

<sup>1</sup> On Transfusion of Blood and Saline Fluid (3rd edition). Baillière, Tindall, and Cox.

of future milk abscess and the possible death of her baby. I have noticed three classes of nipples other than the healthy raspberry-shaped normal form.

1. On a fairly well-developed breast a pimple about an eighth of an inch in diameter and the same in elevation represents the nipple; this will, I believe, in the pregnant and parturient female, enlarge sufficiently for nursing to be effected. I therefore content myself in these cases with directing the patient's attention to her nipples as small and undeveloped, and pointing out their future use, advise her to be careful that they do not become flattened under pressure, or undergo further atrophy. Gentle manual friction by the patient herself night and morning is advisable.

2. In this class we find a fairly well developed mamma and nipple, the former generally flabby, often large. Here from pressure by stays the nipple is flattened and depressed, so as no longer to stand out erect like a raspberry. By drawing attention to the nipple and pointing out the danger of further pressure, by slight friction, and drawing the skin back around the organ, the nipple generally springs out into a correct form; the patient is then told to use the means night and morning herself, and in many cases this slight manipulation effects a cure. In some cases of in-patients I have found it necessary to use the breast-pump.

3. Extreme cases of depressed or inverted nipples, as shown in Fig. 1, page 12, or even more inverted than in that figure. In these cases the breasts are usually small and firm. Here I have often coaxed the right nipple, which seems easier to manage than the left, by the manipulation practised in Class 2, into a normal or semi-normal shape; but the left generally requires something more. Pressing with the left finger and thumb on each side of the nipple I evert it as much as possible; with the other finger and thumb I then seize the nipple as low down as possible and forcibly pull it forwards, stretching its connexions and ducts. When this is repeated regularly, which the patient or her mother can do for her, the nipple by degrees assumes a more normal form. This must be continued to avoid the tendency to revert to the original defect.

I have now under my care a woman who owing to her retracted nipples lost her first baby. While under my notice the nipples were everted by the manipulation described. I have requested her when next pregnant to come to me, and I feel confident that on the next occasion nursing will be properly performed.

I think the duty of advising young girls as to the uses of their nipples and the importance of these organs to them in married life is one generally lost sight of by mothers and medical men. But when I note that surgical operations are performed for depressed nipples, and remember the mothers I have seen deprived of their natural enjoyment of nursing their children, together with histories of severe mammary abscess and babies at death's door from imperfect nipples, I feel that much might be done by early attention to these little but important organs to obviate such calamities.

I am, Sirs, yours faithfully,

ALEXANDER WALLACE, M.D., M.R.C.P.L.,  
July 9th, 1889. Physician to the Essex and Colchester Hospital.

### THE CASE OF REGINA v. KERR.

To the Editors of THE LANCET.

SIRS,—In your excellent summary of the above trial there are some inaccuracies which it may be as well to correct. The bruise on the head was above the right ear, and not the left, as stated. The cause of death was suffocation due to the presence of food in the windpipe, and not congestion of lungs. There is an important omission with regard to the condition of the heart. Its structure was healthy, but there were disease of the valves (incompetence of aortic and contraction of mitral valves) and remains of a "former attack of pericarditis."

I am, Sirs, yours truly,  
Carlisle, July 26th, 1889. HENRY BARNES, M.D.

### VOTING PAPERS AT THE COLLEGE ELECTION.

To the Editors of THE LANCET.

SIRS,—Mr. Lawson Tait's suggestion seems to me to be an excellent one. The only requisite stipulation which is necessary being that every Fellow who votes in person shall bring his proxy paper with him.

I am, Sirs, yours truly,  
Clifton, July 30th, 1889. CHARLES STEELE.

## NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

### *The Cumberland and Westmoreland Lunatic Asylum.*

THE Cumberland and Westmoreland Asylum at Garlands, near Carlisle, appears to stand high in the estimation of the Lunacy Commissioners. It is declared by them "to maintain its reputation for careful management"; "the absence of serious casualties is creditable"; "it is noteworthy that in this asylum every death has, with one exception, during twenty years been followed by an autopsy; and yet, on the 31st of December last year, there were fifty-nine Irish patients here, and it is often alleged elsewhere that the relatives of such patients have an insuperable objection to the post-mortem examination of their next of kin." The Commissioners further say: "We are glad to learn that it is the practice here, and has long been so, for a medical man to examine the workmen ere they commence their daily work on the land or in the shops."

### *Hexham.*

A short time ago the Hexham rural sanitary authority proposed to reduce the salary of their medical officer from £300 per annum without private practice, to £108 with private practice. This their present medical officer declined to accept, and the Local Government Board has written to the authority stating that they could not, under the circumstances, approve of the reduction, and if the sanitary authority desired to receive repayment from the county fund they must reconsider the matter.—Dr. MacLagan, whose serious accident I noted in a previous letter, is, I am happy to say, doing well.

### *Sunderland.*

It is reported that there are at present four cases of small-pox under treatment at the Infectious Diseases Hospital, Sunderland. A sailor who came to the town from Middlesbrough, having previously come from Bilbao, developed the disease. The woman and her two daughters at the house where he stayed have since had the disease, and are under treatment.—The Hartley wing of the Sunderland Infirmary is now finished, but nearly £2000 are required to furnish and free it from debt. With praiseworthy determination the gentlemen who signed the contract refused to allow the wall that temporarily separates the wing from the other portion of the building to be removed until the wing is out of debt. The most urgent representations as to the immediate want of more beds are altogether unheeded, and the blockaded doorway must remain as it is until the money still lacking is raised; but it will be a surprise if the blockade is not raised before the year is out.

### *Carriage Vibration.*

Messrs. Atkinson and Philipson of this city have introduced an improvement in carriage-springs which gives great relief from vibration. This arrangement, which has been fully tested, will prove a boon to medical men and their patients. The whole of the carriage is borne on indiarubber, and the relief to the passenger is surprising, as paved crossings or tram lines are imperceptible as they are passed over, there being an entire absence of the jarring sensation which is so objectionable. The patent, I understand, is about nine months old, and has been used successfully by a local gentleman ever since.

### *Ingham Infirmary, South Shields.*

The annual report of the Ingham Infirmary, South Shields, has been issued, and the record of the year is very satisfactory. There has been an important increase in the workmen's subscriptions, and also in the church collections. The number treated at the dispensary had been 7209; the number of deaths 64. Total number of in-patients 205; number of deaths 15. Dr. Berwick, who had served as junior house surgeon, was appointed by the committee to the post of senior house surgeon, vacated last February by Dr. Fletcher, and the committee trust this appointment may be confirmed by the governors.

Newcastle-on-Tyne, July 31st.

### THE EMPRESS OF JAPAN AND HOSPITAL WORK.

The Empress of Japan, wishing to assist the Tokio Female Hospital, has, it is said, been diligently saving out of her "pin-money." In a year this has amounted to about £1500, which has all gone to assist her suffering subjects.