

I was anxious to make the contribution as soon as possible after the discussion in the Royal Medical and Chirurgical Society.—I am, etc.,
Birmingham, December 27th, 1880. THOMAS SAVAGE.

ETHER v. CHLOROFORM: MIXED ANÆSTHESIA.

SIR,—To form a strong opinion, on the evidence of a single case, is a frame of mind much to be deprecated in deciding on the comparative merits of anæsthetics. An instance of this is given by the letter of your correspondent, Mr. Jelley, in your last week's issue. Syncope, such as he describes, from the use of pure ether, is extremely rare. Scarcely half-a-dozen cases are on record. The face of a patient under ether is seldom pale, except after prolonged operation, hæmorrhage, or previous to vomiting. Your correspondent says he will never give ether again. Before he has given chloroform fifty times, he will probably have several such cases; and he will be fortunate if they recover after such simple measures as ammonia to the nostrils (perfectly useless if breathing be stopped), or cold to the face. He will, I presume, then take to methylene, only to obtain the same results; and, finally, return to ether, as the anæsthetic in which this accident is far less frequent than with any other. With regard to the measures to be adopted in syncope, I may point out that the Chloroform Committee reported that, by the use of artificial respiration, life was restored, in some instances, after the heart had ceased to beat.

But, while I am writing on this subject, may I utter a word of warning on the combined effects of ether and opium? Several cases have recently come to my knowledge—the details of which, I hope, will soon be published—in which death followed a short time after the administration of ether to patients under the influence of opium. In the table of deaths from ether, which you have just published, out of six cases in which death could be directly attributed to the anæsthetic, two were cases of hernia; and, therefore, most probably under the influence of opium. Whether it be a case of this kind, or morphia be given subcutaneously, in order to obtain the benefits of "mixed anæsthetics", ether is not without danger; and the patient should be carefully watched, after the operation, till complete awakening has taken place. In the recent volume of Billroth's *Deutsche Chirurgie*, which is devoted entirely to anæsthetics, Dr. Kappeler, from an experience of twenty-five cases, speaks strongly against the practice of mixed anæsthesia by morphia and ether; but allows that by morphia and chloroform to be open to less objection. Whether death occurs by the ether deepening the morphia narcosis, or by the morphia preventing the patient from clearing his bronchi from the secretion provoked by the ether, I will not undertake to say. It appears to me to be a very proper question for physiological experiment. Similar warnings have been uttered before against this form of "mixed anæsthesia"; but I do not think public attention has been called before to this explanation of deaths in hernia operation under the use of ether.—I am, yours, etc.,
Leeds, December 18th. ERNEST H. JACOB, M.D.

ETHIDENE-DICHLORIDE AS AN ANÆSTHETIC.

SIR,—You have for many years been so strenuous an advocate of ether, that I was glad to see you urging a trial of ethidene-dichloride, which, during the past nine months, I have used more frequently than either chloroform or ether. What position ethidene is likely to hold in general surgery I cannot predict, having had no experience; but, for operations on the eye, I am confident it is the best anæsthetic yet in use. In making this assertion, I have regard not only to the action of the agent during the operation, but what is, I think, of almost equal importance—the after-effects. Complete anæsthesia by ethidene is usually induced in four or five minutes, with little or no congestion of the face or struggling, and with an absence of that troublesome accident, sickness. Recovery after suspension of the anæsthetic is rapid; usually, in five minutes after removal to bed, a patient will be found fully conscious and tranquil. Often one vomit ensues on recovery, but there is no prolonged nausea, as after chloroform, nor distressing thirst, which is the almost invariable result of ether inhalation. I have had one case of severe sickness lasting nearly twelve hours, after a cataract extraction. The subject of it was a feeble, highly nervous woman, and I think the protracted mental anxiety occasioned by her having to wait for operation more than an hour after the expected time was responsible for this. When the same agent was used two months before for a preliminary iridectomy, there was no sickness. Dr. C. A. Moore (our house-surgeon), whose skilful administration of ethidene leaves nothing to be desired, gives it much in the same manner as chloroform, only more freely; he employs the leather inhaler containing a flannel bag, introduced by Mr. Rendle for the administration of methylene-bichloride. The effect of ethidene passes off so quickly, that it is usually necessary to keep up the administration till the operation is completed.

I earnestly hope experienced anæsthetists will give ethidene a thorough trial; but would urge those unaccustomed to administer anæsthetics not to use it. It must be remembered that the agent is a cardiac depressant, although a less powerful one than chloroform. In our early trials of ethidene, two cases of alarming syncope occurred; and, with these facts in my mind, I cannot endorse your statement, that ethidene may be given with the same feeling of security as attends the administration of ether.—I am, sir, faithfully yours,

FRANK H. HODGES, F.R.C.S. Ed.,
Ophthalmic Surgeon to the Leicester Infirmary.
Leicester, December 19th, 1880.

DEATHS FROM ANÆSTHETICS.

SIR,—About eight months ago, you were good enough to allow me to point out that, in cases of deaths from chloroform, it transpired in evidence that little of the drug was used; that it was given on one thickness of lint, or flannel; also, that the patient was quickly placed under its full influence, where death took place during or after the anæsthetised state. I pointed out how unfair it was for a section of the profession to pour pure chloroform vapour into patients' lungs, and, in cases of death, attribute the death to the use of the drug.

As Dr. Jacob then attacked my views, I now use his statistics to show him and the profession I was right. In every case he has recorded, direct evidence is given that chloroform vapour was poured into the patients' lungs from lint, flannel, or inhalers (*vide* his table). In Cases No. 32 and 88, no mention is made of how the towel and napkin were used; that is, held over the face or not.

Is it not true that chloroform vapour is a cardiac depressant? That the prospect of an operation is also a cardiac depressant? That, in ordinary stethoscopic examinations, patients often feel faint, and ask for water; and, if standing, ask to sit down? Again: is the vapour of chloroform heavier than air? Can air circulate as freely when a meshed thing like lint, flannel, or even a lady's veil, is held over the face, as if no such impediment were there? Does the air breathed during chloroform administration require mixing with only a small percentage of chloroform vapour (5 per cent.), and no more?

But, some say, patients die after they have come out of the chloroform. To this I reply, that such patients as much "come out" of the chloroform because they are seen to recover some of their senses, as the partridge, fatally struck with a shot, may be said to come out of it, because it is seen to fly as straight after the shot as before it for half a mile, then rise perpendicularly into the air ("tour", as sportsmen call it), and drop dead.

The first death from the administration of good respirable air, properly charged with chloroform vapour, has yet to happen; and I challenge Dr. Jacob, or any member of the profession, to record a well-authenticated case, when the vapour has been administered on rational principles, and the patient's heart and pulse have been let alone.—I am, sir, yours truly,
WILLIAM FEARNLEY.
London, December 20th, 1880.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE INVERNESS DISTRICT ASYLUM.

If enchanting scenery could dispel madness, the rate of recovery in the Inverness District Asylum ought to be of a very satisfactory character; for that institution, which must have attracted the notice of all travellers by the Caledonian Canal, stands upon a height above the capital of the Highlands, and commands a prospect of great extent and varied beauty. The Scottish Celt, however, is so accustomed to scenic loveliness as to have become indifferent to it, and is not, therefore, beneficially affected by it, when insane, as we think some Londoners would be if, under such circumstances, they could be transported to the Inverness District Asylum. The medical superintendent of that establishment, Dr. Aitken, is therefore well advised to provide for the moral treatment of his patients by useful occupation and by indoor and outdoor amusements of many kinds, trusting very little to the restorative influence of visual impressions. He is well advised, also, to place the medical treatment of mental disease before their moral management, and to secure to his charges the benefit of every advance in pharmacology and therapeutics. In the interesting report in which he describes the results of his official labours for a year, he refers to a curious and affecting instance of hereditary insanity, existing in a mother and daughter at the same time and partaking of the same character in both. The daughter's insanity was brought on by a disappointment in marriage; the mother's grew out of grief for her daughter's mortification and

madness. Both daughter and mother suffered from melancholia, fancying that their souls were lost, and that they were unworthy to live. Both prayed that they might die and not live, and both made preparations for suicide, which, however, both lacked energy actually to attempt. Both were attacked by phthisis, and died of that disease at about the same time. The mother, either from habit or some vestige of maternal instinct, continued to sit by her sick daughter's bed as long as her strength permitted her to do so.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

NOTIFICATION OF INFECTIOUS DISEASE AT NOTTINGHAM.

SIR,—Under the above heading, I observe a letter from the town clerk in this week's JOURNAL. I have read with surprise some of the statements therein, especially that which refers to the opposition on the part of the medical profession to the notification clause at Nottingham. I beg to state that, as far as I know, there is no such opposition on the part of the medical men of this town to an Act which would, I believe, if put in operation, prove a benefit to the community.

When first brought forward in the town council, in February 1878, the clause provided for the notification being made by the medical attendant, as well as by the householder. This was objected to in the town council, several members of the profession being opposed to it, myself among the number. But subsequently the clause was essentially modified, to meet this and other objections; and, in its present form, it was passed in the summer of 1878. Since then, we have heard nothing of it, except that, in the printed reports of the medical officer of health, he strongly urges the town council to carry out its provisions for the benefit of the public, by helping to control the spread of infectious fevers.

The epidemic of small-pox occurred, I think, in the winter of 1871-72, and the buildings then erected, which "sprang up almost in a night", have since been used with much benefit for the isolation of infectious cases.—I am, etc.,

THOMAS WRIGHT, President Midland Branch B.M.A.
Nottingham, December 27th, 1880.

THE RECENT POOR-LAW INQUIRY AT ST. MARY ABBOTTS, KENSINGTON.

At the meeting of the Board of Guardians of this parish, held on the 16th inst., a letter was read from the Local Government Board, giving the decision arrived at, by the department, consequent on the allegations of Messrs. Lilly and Liddard, district medical officers, that they had not been called upon by the relieving officers of their respective districts to certify in cases of lunacy, in consequence of their refusal any longer to submit to the demands of those officers in expecting from them a portion of the fees paid for such certification. In this letter the Local Government Board state, "that in their opinion, a charge had not been proved that a system of extortion on the part of the relieving officers had existed. It had, however, been clearly established, that a practice had obtained under which the medical men called in to advise the justices, in such cases have for some years past, been in the habit of paying a portion of the fee received by them to the relieving officer in such case." Seeing that the two complainants had never been called in to certify, after their distinct refusal to submit to share the fees, we are at a loss to see the justice of the distinction thus arbitrarily raised by the department. The department then proceeds to state "that such a course or proceeding is, in the opinion of the board, highly improper, and they therefore request that the guardians will caution the relieving officers against a repetition of the practice in future. It should also be pointed out to the medical officers, that, in making payments of the kind referred to, they become parties to the irregularity in question, and have, consequently, laid themselves open to reproof." The board then proceed to point out that such irregularities in the future may be prevented by the direct payment of the fee by the guardians themselves, through their clerk, rather than by the relieving officers.

We are pleased to observe that the letter from the Central Board was favourably entertained by the guardians, who not only endorsed the opinion, but expressed their own disapprobation of the conduct of the relieving officers in receiving gratuities from the medical officers, and

it was also agreed that a copy of the letter should be sent to the medical officers.

It will be thus seen that the allegations of the two complainants have been substantially confirmed. It could not well be otherwise, for as we pointed out in a former issue, the admissions of the relieving officers, and of the medical gentlemen who had had the monopoly of the certification, abundantly showed the truth of these gentlemen's assertions. At the same time, we expressed our doubts whether the Local Government Board, acting on the advice of the inspector, Mr. Hedley, would condemn the irregularities implied in this evident collusion between the relieving officers and the medical officers.

In taking our leave of this subject, we have to congratulate Messrs. Lilly and Liddard on the professional *esprit de corps* and public spirit exhibited by them on this question.

VENTILATION OF SEWERS.

SIR,—The suggestion which I made in the letter which you did me the honour to publish on December 11th—viz., that the paragraph regarding the ventilation of sewers at Maidstone was inserted for the purpose of ventilating the point at issue, has been proved by the result. The case, as reported in your JOURNAL of December 4th, is based upon wrong information.

It appears that in Maidstone party spirit runs high, and nothing that a Liberal can say or do can possibly be right, and *vice versa* as regards the Conservative. As a consequence, the most absurd arguments are used for the purpose of bespattering individuals of the opposite party, without reference to the logic of the case.

Mr. Lewis Angell informs me that he is the engineer to the Maidstone Local Authority; "that he has just made an inspection of the sewers complained of; that they were clean, without deposit; that, out of two hundred ventilators, only a dozen were complained of, several being upon the line of the Lunatic Asylum sewage, which comes down in great volumes, the special smell in the middle of the day being 'cabbage-water'." Mr. Angell goes on to say: "Of course, the contents of the sewer is sewage, and I never knew sewers yet, however perfect, which did not sometimes smell: in the present instance, the ventilators are all open; no charcoal baskets, etc.; there are also rapid gradients; and the flow of water forces the air up ventilators. The smells, when they exist, are only occasional. The introduction of flats in some of the sleeper gradients will distribute the ventilation, and prevent an undue rush at one or two points."

It is stated, and not contradicted, that hundreds of closets have been connected with the sewers, and are without water-supply; that the local board will not enforce a supply from the water-companies; that the contents of cesspools are constantly emptied into the sewers.

I will support most emphatically the opinion of the engineer, that there is nothing so likely to make sewers to be sewers of deposit, and to cause the ventilators to stink, as allowing cesspool matter to be turned into the sewers, and water-closets to be without water. If the local authorities allow these flagrant departures from sanitary law to be in existence in their borough, they must expect to have smells from ventilators; and much worse effects will follow, if they will only close up the ventilators without doing away with the real cause of the mischief.

I am informed that there were, at the date of my communication, eleven cases of typhoid fever in the borough; two of the patients had passed the ventilators, and complained of the smell. I can only say that, if the local authorities allow of typhoid excreta being thrown into closets which have no water-supply provided, they will, at a future day, have a mass of similar disease promulgated among their people which they ought to have prevented, and not have wasted their energies in the wrong direction.—I am, sir, your obedient servant,

Croydon, December 25th, 1880. ALFRED CARPENTER, M.D.

SUPERANNUATION OF POOR-LAW OFFICERS.

THE Local Government Board have just issued a circular to Boards of Guardians, which is of considerable importance to the members of the medical profession holding poor-law appointments. The board state that, in view of the diversity of practice which exists amongst guardians as to the superannuation allowances to poor-law officers, they have thought it necessary to lay down a definite rule, by which they will in future be guided in considering the applications that come before them. As is well-known, in many instances pensions have been granted which were quite disproportionate to the length of service of the retiring officers; whilst in some few cases, where the service has been comparatively short, and the officers have been appointed at very advanced ages, amounts have been awarded, equal to two-thirds of their salary and