

sence of blood corpuscles in the urine, which, in my opinion, is secondary to the hæmoglobinuria.

In Dr. Clifford Allbutt's *System of Medicine*, Dr. Copeman has made frequent reference to my M.D. thesis on the subject of West African Fever, and containing special reference to blackwater fever, but he has not given my views as to the treatment of this affection.

I believe with Dr. Moffat and most other African practitioners that our sheet anchor is quinine, and that "to withhold quinine is culpable."—I am, etc.,

CHARLES F. HARFORD-BATTERSBY, M.D.,  
Forest Gate, E., Sept. 28th. Principal of Livingstone College.

#### QUININE AS A PROPHYLACTIC IN MALARIA.

SIR,—Dr. Crosse's paper before the Pupils' Physical Society at Guy's Hospital, on the treatment of malarial fever and blackwater fever, has a special interest at the present moment, when for various reasons there is a growing fashion—it is the only word one can apply to such a curious form of unreason—to decry and be dissatisfied with quinine as a remedy in malaria. Hitherto this dissatisfaction has been principally confined to the public, who are in some measure amenable to the counsel of their medical advisers; but it threatens to assume dangerous proportions when fortified with such a weighty utterance as that of Koch's on the tendency of quinine to produce blackwater fever. The evidence against this alleged pernicious action of quinine, both as adduced by Dr. Crosse and in my own experience, is overwhelming.

The greatest evil—only too likely I fear to be enhanced by Professor Koch—which the prejudice against quinine is responsible for—is to my mind the difficulty which it creates against inducing travellers and inhabitants of malarial districts to take quinine as a preventive. It is as a prophylactic agent that quinine exhibits its highest value, and it is as a prophylactic agent that it unfortunately has relatively the smallest use. The result is that men scoring mere drugs—relying on their constitution and a certain light-hearted fortitude—expose themselves freely to the malarial poison, and then, with their temperature at 105°, resort to the doctor and the inevitable quinine, which at this, the eleventh hour, is taken, and abused because it does not immediately restore the patient to his original robust health. The testimony of Dr. Cargill, who, while in Nigeria for two years, took 5 gr. daily of quinine with the result that he never had a day's illness, and the similar experiences of Zambesi hunters and others which have come under my notice, all point to the same conclusion. Quinine is the antidote provided by Nature against the malarial parasite, and for it to have its maximum value it is necessary that it should be present in the blood at the moment of the introduction of that parasite.—I am, etc.,

ALFRED P. HILLIER, B.A., M.D.

Wimpole Street, W., Oct. 8th.

#### ETHER PNEUMONIA.

SIR,—I have long doubted whether ether deserves the evil reputation which surgeons have given it for frequently causing unpleasant complications or even death after surgical operations. Dr. Drummond has made the most of his case in his paper published in the *BRITISH MEDICAL JOURNAL* of October 1st, p. 937, but I do not think that he has proved his thesis. The majority of surgeons have always regarded ether with suspicion and prejudice. I very well remember some years ago being asked to see a case of ether pneumonia by an eminent London surgeon, who knew that I took an interest in the subject. In that case I was easily able to prove the ether entirely guiltless, because I had given nothing but chloroform throughout the operation. It is not, however, always so easy to exonerate the ether as it was in this case; the drug has a bad name, and any pneumonia, bronchitis, or nephritis which occurs after a surgical operation for which it has been given is almost sure to be placed to the discredit of the ether without further question or inquiry.

It must not be forgotten that the moist sounds and crepitations so frequently heard in the chests of patients suffering from diseases or injuries of the abdomen or diseases and injuries in any way involving the respiratory mechanism are not always due to the increased secretion of fluid and mucus in the lungs and tubes; but to the great difficulty these patients have in coughing up the normal secretions which

have accumulated in the lungs. It is no uncommon thing to hear patients with appendicitis or pelvic trouble complaining of "bronchitis" when there is no suspicion of any general septic trouble. We all know, too, how difficult it is for old people, who have lost their vigour, to cough up their accumulations of mucus. These patients are then said to have bronchitis, and if ether has been administered they are said to have ether bronchitis. This is the reason that most of the reported cases of ether bronchitis and pneumonia have been cases of strangulated hernia and other abdominal maladies.

Again, during surgical operations, especially severe operations, patients are exposed to the very conditions which are said, under other circumstances, to cause, and which undoubtedly do predispose to, pneumonia and bronchitis. The patient is placed on a table with a large area of skin bare and wet with lotion, rapidly radiating and losing heat, not only from the naked parts but from the whole surface of the body, which is usually wet with sweat, and often lying in a puddle of blood and lotion. I am well aware that these conditions are in these aseptic days to a large extent both unavoidable and necessary. It is, however, very unfair to lay the blame for maladies arising in this fashion at the door of the anæsthetic.

As Dr. Drummond points out, probably very few cases arise through direct infection from the mouthpiece or instrument used for the administration of the ether; but, of course, absolute cleanliness is essential not only for the patient's comfort, but also to secure his safety.

On two occasions I have given ether to patients suffering from acute pneumonia; in both the pericardium was opened for purulent pericarditis; both were much benefited by the operation, and in neither did the pneumonia seem to be in any way aggravated by the anæsthetic.—I am, etc.,

Chiswick Lane, W., Oct. 8th.

G. P. SHUTER.

SIR,—Dr. Drummond, in his article on the above, has done well in bringing this matter to the notice of the profession. That bronchitis and pneumonia occasionally follow the administration of ether, especially after abdominal operations, there can, I think, be no doubt, having met with several such cases in my own surgical practice, two of which proved fatal from this cause. Formerly I looked upon this complication as due simply to bronchial inflammation from the ether vapour, and the pneumonia when present to the spreading of the same to the alveoli; latterly, however, I have quite altered my opinion and resulting treatment, and look upon the so-called bronchitis as a physiological hypersecretion of mucus acting in a purely mechanical manner, and so causing catarrhal pneumonia from plugging of the bronchi.

Acting upon the suggestion of a writer on this subject in the *BRITISH MEDICAL JOURNAL*, and looking upon the hypersecretion of mucus as the primary cause of the trouble, I have for some time past treated such cases with belladonna by reason of its well-known action on secretion, and with very satisfactory results. I need hardly point out that these cases are doubly serious when following abdominal operations owing to the want of expelling power from inhibition of the abdominal muscles.—I am, etc.,

Derby, Oct. 4th.

T. HENDERSON POUNDS, F.R.C.S.

#### WHAT IS "FIRST AID?"

SIR,—To prevent the remedial assistance of "first aid" passing beyond its bounds and encroaching upon remedial treatment, I have found it desirable, as well as necessary, to define what "first aid" really consists of.

As this definition might be of use to many of your readers, I herewith enclose the same:

"First aid" consists in the immediate relief of suffering, and the temporary dressing of all injuries sufficient to enable the sufferer to proceed to where authoritative advice can be obtained from some qualified medical man, or to remain on the spot, when removal is unjustifiable, until that advice can be obtained.

Under this comprehensive definition the arrest of hæmorrhage, the temporary application of splints to fractures, the first dressing of burns, and the application of antiseptic dressing to wounds would take first place.

Immediate assistance would include the resuscitation of the