

Guards in the Crimean campaign from December, 1854, including the siege and fall of Sebastopol, receiving the medal with clasp and Turkish medal, and Order of the Fifth Class of the Medjidie. He was promoted to the rank of surgeon just before the Crimean War, and to that of surgeon-major shortly after the cessation of hostilities.

THE OPIUM COMMISSION.

A correspondent, writing to the *Times* of the 2nd inst., states that the probable cost of this Commission will be £20,000, to be divided equally between the British and Indian exchequers. It is expected that the Commissioners will finally consider and settle their report in November next, and that the report will be against any interference with the present system—a result, by the way, anticipated by everyone after having read all the evidence, medical and otherwise. The Chinese side of the evidence has not yet been received.

THE LATE SURGEON-LIEUTENANT R. A. YEATES.

We regretfully announce the death of this young officer, late of the Indian Medical Service, at Madras, on the 17th ult., from fever, on his way to England.

The *Pioneer Mail* says it has been arranged that the Staff Surgeon or officer in medical charge of the Staff in any station shall be the medical attendant on the officers of the Royal Indian Marine and their families. In Bombay and Aden this duty will naturally devolve on the Marine and Port Surgeons respectively, as at present.

Correspondence.

"Audi alteram partem."

TESTIMONIAL TO SIR JOSEPH LISTER.

To the Editors of THE LANCET.

SIRS,—Sir Joseph Lister having retired from active hospital and teaching work, it is proposed to present him with a testimonial of the regard and esteem in which he is held by his former colleagues and pupils. As there are probably many surgeons who may wish to join in the movement, but whose names and exact addresses it is almost impossible for us to ascertain, I have been directed by the committee to state that I shall be pleased to furnish anyone with further information, and that subscriptions (limited to 2 guineas) may be sent to one or other of the following gentlemen, who have kindly consented to act as treasurers for their respective localities, viz.:—Dr. James Finlayson, 2, Woodside-place, Glasgow; Professor Chiene, 26 Charlotte-square, Edinburgh; and Professor William Rose, 17, Harley-street, London, W.

I have the honour to remain, Sirs, yours faithfully,

J. FREDK. W. SILK,

Hon. Secretary, Lister Testimonial Fund.

29, Weymouth-street, Portland-place, W., Sept. 28th, 1894.

THE HYDERABAD COMMISSION AND A RECENT DEATH UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—The following details of a recent death under chloroform appear to prove, in so far as "a highly technical negative"¹ can be proved, that the administration of chloroform is not always safe, even though the respiration be not interfered with. A female aged thirty-seven was given chloroform to facilitate the reduction of a dislocation of the shoulder of over two days' standing. The heart sounds were normal. The chloroform was given on an ordinary wire mask covered with flannel. For about thirty seconds the patient breathed naturally, though somewhat rapidly; there then ensued a short and not severe struggling stage, during which the administration was slackened; she then sank gently back upon the pillow, breathing quietly and deeply. In a few seconds more the breathing ceased with *absolute suddenness*. The pulse was then found to be absent, nor could the heart sounds be heard. The respiration had been in no wise interfered with; the woman was in bed loosely dressed; she had no false teeth, nor had she vomited, nor had the tongue fallen back against the palate. Artificial

respiration carried on for over half an hour, the injection of alcohol, and inversion were all useless. The woman had died suddenly. To show how carefully the breathing had been watched, I may say that in discussing the matter afterwards with my surgical colleague I had to ask him whether or not he had commenced any attempts at reduction; as he had merely lifted the arm once and slightly rotated it I do not think that death was caused by shock from pain due to imperfect anæsthesia. From the commencement of the anæsthesia to the fatal result the amount of chloroform used (Duncan and Flockhart's, sp. gr. 1.497) was about seventy minims. Afterwards we ascertained that the woman was a chronic alcoholic subject and had just concluded a ten days' drinking bout (a fact concealed beforehand). Considering the known effect of chronic alcoholism in causing fatty infiltration or even degeneration of the cardiac muscle, it seems only reasonable to assume that paralysis of the heart had, at any rate, as much to do in causing death as paralysis of the respiratory centre. In the light of such cases as this and others recorded of late, it is impossible to share Surgeon-Lieutenant-Colonel Lawrie's² faith in the perfect safety of chloroform if only the respiration be not interfered with. The lesson that such a case teaches is that unimpeded respiration may permanently cease with such absolute suddenness as to render futile the most careful watching.

I am, Sirs, yours faithfully,

E. LE CRONIER LANCASTER, M.B., B.Ch. Oxon.

Swansea, Oct. 2nd, 1894.

MARRIAGE AND SYPHILIS.

To the Editors of THE LANCET.

SIRS,—For the purpose of securing reliable statistics on the subject of the marriage of syphilitics I desire to enlist the assistance of those of the readers of THE LANCET who have had experience which would be of value in determining the period when this disease ceases to be communicable and inheritable. I shall, therefore, esteem it a great favour on the part of any physician who will send me answers to the following questions, and due credit will be given in a future publication to those who desire to aid me in this work:—

1. What is the latest period from the date of the initial lesion that you have known the disease to be communicated by a patient who has been from the first under your observation?

2. What is the latest period from the date of the initial lesion that you have known (a) a syphilitic man, or (b) a syphilitic woman, to become the parent of a syphilitic child?

3. Have you ever known syphilis to be either communicated or handed down at a later period than four years from the date of initial lesion by an individual who has been constantly under your observation during that time?

In the answers to these questions I should like a brief but complete history of each case, and an account of the treatment that has been pursued. I hope by this means to obtain the experience of a large number of observers and to reach a fairly reliable conclusion as to the time when we may safely permit our syphilitic patients to marry.

I am, Sirs, yours truly,

BURNSIDE FOSTER, M.D.

St. Paul, Minnesota, U.S.A., Sept. 20th, 1894.

"CONTROLE DES PRODUITS ALIMENTAIRES."

To the Editors of THE LANCET.

SIRS,—On my return from the International Congress of Hygiene and Demography at Budapest, I find in THE LANCET of Sept. 8th a communication from one of your special correspondents concerning my conclusions on food control. Your correspondent has not quite correctly rendered those conclusions. I did not say that public analysts should receive State-paid wages. This is an axiom which need not be said again in congresses. I merely pointed out that the public should help itself by creating for its manufacturers, wholesale merchants, and importers a private system of control, supported by private means. I have introduced this system in Holland now about thirteen years, and the public and the trade are highly satisfied with it. It is based on the fact that articles

¹ THE LANCET, Sept. 22nd, 1894.

² THE LANCET, Sept. 8th, 1894.

of controlled firms can be sent for analysis free of charge to the chemist who controls the produces. The aid of the State is doubtless necessary in the retail trade, but I am a great enemy of the system by which self-help is excluded and by which as much as possible is left to the "almighty State."

I am, Sirs, yours faithfully,

P. F. VAN HAMEL ROOS,

Chief Editor of the *Revue Internationale des Falsifications*.
Amsterdam, Sept. 25th, 1894.

* * Dr. van Hamel Roos does not now make quite clear what he is advocating. Is the State to pay chemists to make gratuitous analyses, or is the public to be at the expense of control analyses?—ED. L.

EPILEPTIFORM FITS IN CARDIAC DISEASE.

To the Editors of THE LANCET.

SIRS.—The following case supplements Dr. Bristowe's examples narrated in your last week's number:—A man aged sixty-four, engaged in the City. When twenty-five he is said to have had some left side paralysis following a fit, but was at work within a week of the attack; otherwise has had good health. On Feb. 17th, on getting out of the train at the station, he turned giddy, made for a seat, lost himself, and fell on his face, much bruising himself. I saw him within a few minutes. He had recovered consciousness; there was no paralysis; his pulse was 25; he had no cardiac murmur, no missed beats, rather hard arteries. I had known him for years, and should certainly have been aware of any habitual slow pulse. He had no albumen or any apparent cause for slow heart action. In a few days his pulse settled down to a steady 38. He had another fit when standing on April 10th, and another when sitting on July 13th, but was not seen until some time after the attacks. He fell down in another fit on Aug. 14th. My friend, Mr. Gerald March, saw him shortly after, and found his pulse 25 to 28. Next day he was well again, and his pulse had returned to 38, and at this rate it now continues. He has some slight faint feeling before the attacks. He becomes pale in colour, and has slight convulsive movements. There is no epilepsy in the family, either his own children or his parents. He is treated with iron, bromide, strychnia, and arsenic, and says he feels quite well.

I am, Sirs, yours faithfully,

Hornsey-lane, Sept. 26th, 1894.

EDWARD CALTHROP.

"A DANGER OF THE ELASTIC TOURNIQUET."

To the Editors of THE LANCET.

SIRS.—In reply to your correspondent, "A Medical Officer," whose letter appeared in THE LANCET of Aug. 4th of this year, I beg to submit the following extracts from a case report. On Jan. 17th, 1893, I excised the left elbow-joint of a slight and spare, but healthy, young woman (aged twenty) for ankylosis in a useless position, which was due to an injury received in the previous July, 1892. The anæsthetic employed was ether, and a round but hollow Esmarch's band was applied just about the insertion of the deltoid muscle. The Esmarch's band was in position for possibly half an hour (not more), and the operation was completed to my entire satisfaction. At my visit next day my attention was called to a condition of profuse perspiration of the hand and wrist. (The forearm was enveloped in the dressings.) Further investigation showed that there was complete paralysis of both sensation and motion in the hand. On the 20th, three days after the operation, the dressings were removed for the first time. The wound looked typically well, but there was a red swollen mark around the arm where the band had been applied. Paralysis of motion was absolute and of sensation almost complete below the mark above referred to. The very first sign of return of movement appeared in the thumb and three outer fingers on Feb. 7th, twenty-one days after the operation, and on Feb. 28th, six weeks after the operation, there was only slight and feeble movement of the fingers and the wrist. Within the next two months this patient recovered perfectly and wrote to me that she had an excellent arm as a result of the excision. Electrical treatment was employed after the fifth day. There was no reaction of degeneration shown at any time by the faradaic current.

I am, Sirs, yours faithfully,

Montreal, Sept. 13th, 1894.

JAMES BELL.

"CONSULTANTS' DIFFICULTIES."

To the Editors of THE LANCET.

SIRS.—Referring to the letters upon this subject which have recently appeared in THE LANCET,¹ I would ask, Is there any professional or public good in having a code of medical ethics? If so, is it right for one medical man, be he consultant or general practitioner, willingly to examine, advise, or prescribe for a patient of another, while under care and treatment, without the knowledge or consent of the practitioner in attendance—cases of emergency of course excepted? According to the code of ethics of some of the so-called consultants of to-day they may steal a horse (or rather a patient) while a general practitioner may not look over a gate. Whether for good or evil, this is an age of specialists, of various degrees of eminence and worth, and if a general practitioner's patient is not quite satisfied with the progress of his case he often feels disposed, or is recommended by some friend, to have other advice, and without mentioning the matter to his medical attendants he goes to a so-called consultant or specialist for a second opinion. What happens? He is at once received, not only without question, but, so to speak, with open arms, although this consultant must be aware, from the history and nature of the case, that previous medical advice has been sought and obtained. The inquiry as to whether he is under any brother practitioner's treatment is avoided, or if the fact is alluded to it is ignored; the patient is prescribed for and told when to come again, or he is advised to come for treatment into a medical or surgical home, or, as in some cases, the so-called consultant turns general practitioner and visits the patient at his home, taking charge of the case, to the detriment of the *bonâ-fide* general practitioner. Again, a general practitioner sometimes accompanies a patient to obtain the opinion and advice of a consultant or specialist, whom perhaps he has recommended; he afterwards finds that the patient goes alone to the consultant and is received, examined, and prescribed for without any reference to, and of course to the detriment of, the general practitioner. I write thus after many years' professional experience in London, and I am informed by medical friends that their experience is similar. Such conduct is either right or wrong: If it is right why should any medical practitioner be trammelled by obsolete notions of professional etiquette? why not attend anyone's patient if requested, and ignore our professional brethren? If it is wrong, in my opinion the best and only cure will be proper ventilation of the grievance by publicity, the due detailing in the medical journals of the circumstances, when they come to the knowledge of the aggrieved practitioner, giving the name of the offending consultant or specialist. Malignant diseases often require strong and caustic remedies.

I am, Sirs, yours faithfully,

Sept. 25th, 1894.

SCALPEL.

NURSES' "DIPLOMAS."

To the Editors of THE LANCET.

SIRS.—My wife recently engaged a nurse for an infant three months old. After being engaged the young woman appeared in the uniform of a hospital nurse. On my asking what hospital she had been trained in she replied that she had been examined by Dr. — of —, and that she held a "diploma," a copy of which document I enclose. The gentleman who grants this "diploma" appears in the "Medical Directory," but he does not seem to be connected with any hospital or to hold any teaching appointment. Surely this sort of thing should be discouraged. I enclose my card and am, yours faithfully,

Sept. 27th, 1894.

DIPLOMA.

F.R.C.S.

I hereby certify that — has attended my course of instruction in Midwifery and Diseases of Women and Children, and that I have this day duly examined her in these subjects and find her capable of undertaking the duties of a midwife or sick nurse, medical and surgical. In testimony of which I hereto affix my hand and seal this —th day of —, 18—.

Signed —

¹ THE LANCET, Sept. 15th, 1894.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST.—Messrs. Coutts and Co. have sent £25 towards the sum of £2000 urgently required by the Royal Chest Hospital in the City-road.