James ARNOTT

On the Effect of Chloroform upon the Result of Surgical Operations.  
Some Correspondence on this subject.
the dermis by means of a camel's hair pencil, night and morning, the vesicating paper was again used, and cod-liver oil administered. This treatment was pursued for three months, at the end of which time the discharge had disappeared, although the power of hearing was not wholly restored.

Case 9.—Chronic catarrhal inflammation of the dermis; great inflammation. Mrs. A., aged 90, consulted me in August 1856. She was in tolerable health.

History.—Two years previously she experienced at times great irritation and pain in the tube of each ear, followed by discharge: Then the affection was caused by a residence in a damp house: it was aggravated by exposure to cold air. Since the above period has had several similar attacks, and the ears are never quite free from itching and discharge. The power of hearing has not been diminished.

Upon examination the surface of the meatus in each ear was found to be denuded of epidermis, red, slightly tumefied, and covered by a mucous discharge. Each membrana tympani was healthy. The hearing was natural.

Treatment.—As there was evidently considerable congestion of the meatus, two leeches were applied to the margin of the orifice of each meatus, each ear being syringed with warm water, twice daily. In the course of a week, the congestion having much diminished, a solution of nitrate of silver (gr. 6 ad 3.), was applied to the surface of the meatus by means of a camel's hair brush, twice daily. Under this treatment, and the occasional use of the syringe, and warm water, the irritation subsided, and the discharge disappeared. The affection was, however, slightly reproduced by a continuance of damp weather, and by any causes producing a weakened state of health; but it speedily subsided under treatment.

In some cases where chronic catarrhal inflammation is allowed to proceed unchecked, the bone is liable to become diseased. These cases we shall consider when we come to speak of diseases of the brain arising from affections of the ear.

In ulceration of the dermoid meatus, the bone is usually diseased; the subject will be treated fully when speaking of the diseases of the bone and brain.

ORIGINAI COMMUNICATIONS.

ON THE EFFECT OF CHLOROFORM UPON THE RESULT OF SURGICAL OPERATIONS.

By JAMES ARNOTT, M.D.

The announcement of "death from chloroform," does not now affect the professional reader in the manner it originally did. He regrets the individual occurrence, but he finds consolation in the reflection that such casualties are rare, and that they are much overbalanced by the favourable influence exerted by chloroform upon the results of operations. Though a few may die, he says, from the immediate or direct effects of chloroform, many are saved by its ulterior agency.

He judges of the first circumstance—the number of sudden deaths—by the number of reports which reach him; of the second, by the statistical investigations that have been instituted to determine the question.

On the first point, however, he is very apt to be deceived. Scarcely a hundred instances of sudden death from chloroform have as yet been reported, but there cannot be a doubt that by far the greater number have been concealed.

In some remarks on this subject, two years ago, it was stated that, although five cases of sudden death from chloroform had, taken place in the London Hospitals within the seven months preceding my publication, not one had been reported as occurring in the private practice of London during that period; and the same observation, it was stated, was applicable to a much longer time. Indeed, I am not aware that more than two cases of sudden death from etherization have been published as having taken place in the private practice of London since its introduction. This evident concealment, he says, is extraordinary. A family is there that would not endeavour to the utmost to avoid the horrors of a coroner's inquest, and the consequent newspaper report, where, as happens in the case of death from chloroform, there can be no suspicion of foul play? Nor can we blame the practitioner who would gladly escape from a criticism of his proceedings on such occasions. Useful as such modes of publicity may be on other accounts, they do not appear in this instance to promote the advancement of medical knowledge. But many die from the direct effects of chloroform and within a few hours of its administration, whose deaths are attributed to other causes. Dr. Mouat has recently drawn attention to such cases. He speaks of soldiers who were operated upon in the Crimea under chloroform individually sinking under the peculiar state of nausea and depression which follows its use. "Reaction is never thoroughly established, the desire for food never returns, and the patient either dies from starvation in twelve to twenty-four hours." "These cases," he adds, "are far more numerous than is generally supposed, and many of them may fairly be termed 'deaths from chloroform,' but are not so returned (d)."

The second source of consolation on such occasions, we have said, is the opinion that the sudden deaths from chloroform are much overbalanced by saving property as respects the results of operations. It has been asserted, in reference to certain amputations, that if five cases were to be killed by the direct agency of chloroform in every hundred operated upon, there would still be a saving of life by its ulterior agency. This is a most important point, about which there can be no doubt. The position of the saving of life upon the whole be incontestable, it ought, for the credit of the profession, to be brought more frequently forward, especially on such occasions as the recent inquest at St. Thomas's Hospital: if it be unquestioned, the sooner it is contradicted the better. It is the purpose of this paper to renew the investigation of the subject.

The question whether chloroform saves life as well as prevents pain, can only be determined by statistics. To attempt to form a judgment from individual experience, would be scarcely less erroneous than to estimate the comparative proportion of the two sexes (now ascertained with such wonderful accuracy by the aid of statistics) by counting the males and females in the enquirer's own family. Nor would reasoning from the observation of the sensible effects on the system bring us nearer the truth. The absence of pain may be, and probably is, an advantage as respects the result of an operation, but it may be much over-balanced by the other effects of the anaesthetic; and the beneficial stimulus excited by chloroform may be followed by injurious prostration. (b) On the other hand, poisonous and depressing as the drug manifestly is in some cases, it may still possess some hidden virtues conducing to recovery. Whatever its ulterior agency may be, as this produces no peculiar symptoms, it is by results alone that its nature can be determined.

The writer, whose inquiries on this subject have been most influential, is Dr. Simpson of Edinburgh.

About two years after the introduction of etherization, and when Surgeons were beginning to fear that the bad effects of chloroform might not be limited to the very time of its administration, but might seriously affect the results of operations, Dr. Simpson's statistical investigations respecting this point were published. They were produced by an able writer and lucid exposition of the value of statistics applied to this enquiry, which, with the manifest trouble he had had in collecting his materials, and the apparent care he had taken in arranging them, insured a ready and convincing reception to his investigations by the Profession. From that time all anxiety about the ulterior effects of chloroform seemed to cease, and Surgeons have continued to employ it without hesitation,קורות

(c) Medical Times and Gazette, September, 1856.

The credit of a great advancement in surgery, the saving of many lives from the use of chloroform for general anesthesia, is justly due to local anesthesia from the percepts and when used for other purposes as well as operations. Mr. Langton Parker, in his recent work on the subject, speaks of the use of chloroform as an "essential in cases of the consequences of the pain from it being removed by the operator's application; but the prevention of eyepieces by inhalation cold is not of less importance, to say anything of its own direct and efficacious curative agency in malignant diseases.
etherization, and 23 per cent. after its introduction, and as the inference from them is that there has been a saving of life effected by the amount of ether (of ether cent. (916 doubled far exceeding that of the sudden deaths which have taken place during the administration of chloroform). It is no wonder, then, that they should have been so often appealed to in discussions upon this subject, and that all theoretical objections to chloroform should have been refuted by them.

Nevertheless, these tables, when closely examined, are found to involve the greatest fallacies; they do not afford a particle of evidence that the introduction of chloroform has lessened the mortality after amputation.

The first, which professes to give the average mortality of thirty British Hospitals, should have shown the number of operations, and their results, at each of these Hospitals during precisely the same period of time; but, instead of this, while the period of observation, as respects the only large healthy hospital inserted in the list, is limited to two years, that of the large unhealthy hospitals of Edinburgh and Glasgow, the excessive mortality of which almost equals that of the Paris hospitals, extends to more than three times this duration. If an equal period of observation be taken to form this average, (excluding two of the small hospitals, one healthy and the other unhealthy, on account of the period of observation respecting them being uncertain), the table, instead of showing a mortality of one of only 24; and, if other large healthy hospitals, like that at Bristol, had been included—such as the Liverpool Royal Infirmary, where (as appears from a published return) the deaths from amputation during five years after it was known the ether was used amounted to one of only 14 cent.—the average mortality of the whole would probably have been considerably less than 20 per cent.

The second table involves no miscalculation so palpable as that in the first; but it leads to conclusions equally erroneous. It gives an account of the number of amputations in which ether was administered, with the results; but what the character of the cases was in which it was used—whether the patients were healthy or worn out with disease—whether the operations were extensive or but necessitated a small incision—it gives no evidence of this. All in all the best cases were generally selected, for only a few were returned from each hospital; and it was natural and proper that at first the best cases should be chosen for trial; not only those free from serious organic disease of the vital parts (a class which were long excluded), but those in which the reparative powers were most conspicuous; and a clearer proof that this was the case can be adopted with impunity in the case of a patient exposed to the long-continued danger of a large amputation wound.

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We shall now proceed to the consideration of tables of a very different character from the above, as respects their construction, and which disclose facts of a very different kind. Although I had long felt convinced, from reflecting on the evidently poisonous character of chloroform, that the number of sudden deaths produced by it, whether reported or not reported, was by no means the measure of the real danger, I was unable to obtain satisfactory evidence of this. It was by statistics alone that this point could be determined, and I had had no easy access to the repertories of the necessary facts preserved in hospitals. At last, my attention was directed to the Statistical Reports of Operations which have appeared for several years past in the Medical Times and Gazette, by a reference to them in Sir Benjamin Brodie's recently-published paper on Lithotripsy. On examination, I found that these reports were all I could have desired. A monthly account is given of the whole of the operations during the last three years. Their accuracy is assured by the circumstance that with every case is mentioned, and by the fact, that they were not drawn up with a view to the settlement of any particular question in practice. The reporters of these statistics have been under no conceivable bias; they have been acted on solely by a desire to promote surgical science. If their returns have a fault, it is certainly not the over-statement of the mortality; for, almost every month, a large number of cases are mentioned as being still under treatment; and although the fatal issues of a few of these are afterwards reported, it is probable that others have happened in consequence of the operation, and have not been reported. The reporters do not attempt any classification of cases, so as to indicate the different kinds of operations, or the group of cases to which they belong, but whereas Sir Benjamin Brodie's paper has been constructed from these returns.

In the Medical Times and Gazette there are separate statistical reports both of the London and Provincial Hospitals; but I shall restrict my attention to the first, for the following reasons. The principal is, that the Hospitals in the provinces are too far apart, and differ from each other in too many circumstances, such as climate, site, and character of the patients frequenting them, to render it possible to form an estimate of their average mortality before etherization, introduced, from the very few published returns of the results of operations in the Provincial Hospitals at that time. Another reason is that I am not sure that the administration of chloroform has been so universal in operations in the country as it has been for many years past in the metropolis. In London, on the other hand, there are many large hospitals furnishing the requisite number of cases, and they are all under the same management, Surgical practice, &c. We have authentic returns also of the mortality after amputations in some of the large London Hospitals before ether was introduced, from which, in consequence of the similarity of circumstances, I may draw a sufficiently accurate estimate of the general mortality for comparison with the present rate.

The following tables have been constructed from these returns.

Table 1.

Showing the Average Mortality after Amputations of the Thigh, Leg, and Arm, in four London Hospitals before the Introduction of Chloroform.

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Data of Op.</th>
<th>Reporter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Amputations</td>
<td>Secondary Amputations</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University College</td>
<td>1825-40 Mr. Potter</td>
<td>8 5 50 7</td>
</tr>
<tr>
<td>St. Thomas's</td>
<td>1842-47 Mr. South</td>
<td>20 7 29 6</td>
</tr>
<tr>
<td>University College</td>
<td>1841-46 Mr. Cudge</td>
<td>7 4 28 10</td>
</tr>
<tr>
<td>Bartholomew's</td>
<td>1816 Mr. Holg</td>
<td>8 1 14 3</td>
</tr>
</tbody>
</table>

Percentage of deaths to cases (taking equal periods of observation).
The great diversity which appears in the above Table between the two equal periods of observation at University College Hospital, is a striking illustration of what has been termed a run of good or bad luck in the practice of the same Surgeon, for Mr. Liston was the principal operator at the Hospital during both periods; and it shows, also, how unsafe it would be, unless for a very long period, to rely on any particular Hospital as a standard. The return of deaths from amputations at St. Thomas’s is heavy, and I might have been justified in rejecting it as being of too private a nature to have the requisite authority; but, in order to prevent any cavil, or appearance of selection, it is retained; and, for the same reason, I have omitted the only other return of amputations which I have been able to find, as respects the London Hospitals; objection may be made to it, because the mortality is much below the usual average. This return is from Guy’s Hospital, and is mentioned by Dr. Fenwick in his elaborate paper on the statistics of amputation, in the Edinburgh Journal of Medical Science for 1847. The period of observation is from 1843 to 1845; the cases are 36, and the deaths 4, or at the rate of 11 per cent. Were this return added to the others in the Table, it would reduce the average of the London mortality to less than 20 per cent, or one fatal result in 5 amputations.

The present mortality of the London Hospitals is shown by the following Tables, into which the several returns in the Medical Times and Gazette have been condensed.

### Table II.

**Showing the Mortality from Amputation of the Thigh, Leg, and Arm, performed under Chloroform in the London Hospitals during Eighteen Months, from June, 1855, to June, 1856, inclusive.**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Primary Amputation</th>
<th>Secondary Amputation</th>
<th>Total.</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Bartholomew’s.</td>
<td>1</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>St. Thomas’s.</td>
<td>4</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Guy’s.</td>
<td>15</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>London</td>
<td>11</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>St. George’s.</td>
<td>6</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>University College.</td>
<td>3</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>King’s College.</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Middlesex.</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>St. Mary’s.</td>
<td>5</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Westminster.</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Charing-cross.</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Metropolitan Free.</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hospital for Sick Children</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Seamen’s.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Marylebone Infirmary</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>48</td>
<td>26</td>
<td>156</td>
</tr>
</tbody>
</table>

### Table III.

**Showing the Mortality from Amputation of the Thigh, Leg, and Arm performed under Chloroform in the London Hospitals during Three Years, from July, 1853, to June, 1856.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>344</td>
<td>57</td>
</tr>
<tr>
<td>Second Year</td>
<td>150</td>
<td>50</td>
</tr>
<tr>
<td>Third Year</td>
<td>136</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>430</td>
<td>148</td>
</tr>
</tbody>
</table>

Average percentage of deaths, 34.46 (25).

(a) Several sudden deaths were reported as happening from chloroform in the London Hospitals during this period, but none from its administration in the above Hospital, although, in the amount of cases in the journal, the fatal terminations are occasionally spoken of in such terms as those "emitting a moan until death," "death from a stroke," "death from an attack of collapse followed," "sunk almost immediately after artificial respiration and galvanism had been resorted to without success."
ARNOTT ON CHLOROFORM. Nov. 1, 1856.

ORIGINAL COMMUNICATIONS.

ON THE EFFECT OF CHLOROFORM UPON THE RESULT OF SURGICAL OPERATIONS.

By JAMES ARNOTT, M.D.

(Concluded from page 414.)

If the above Tables required confirmation, a reference might be made to other statistical statements, which, though the numbers constituting them are too small to have much weight by themselves, may be usefully considered in conjunction with others having a more extended basis. Of this kind are the tables respecting etherization, that were published four years ago in America (American Journal of Medical Science for 1852), and certain notices which we have received of the surgery of the Crimean campaign. It is generally understood that the results of amputations were unfavourable during this war; and, though there were several other causes in operation, there can be no doubt that this want of success may in some degree be attributed to the use of chloroform. Dr. Gordon, who had Medical charge of the Second Division of the army (in which, however, chloroform was not so much used as in the other Divisions), informs us (see the "Report of the Proceedings of the Crimean Medical Society") that the result of amputations was very favourable in the preceding campaign only one proved fatal. After being made to a report of amputations performed under etherization, which was published in the Medical Gazette some years ago by Dr. Snow; and as its purpose was very different from recommending caution in the administration of chloroform, it may be here recorded to shew that, under other circumstances the fact of its being a private unauthentica- report would, in such an inquiry as the present, render it inadmissible. Betrayed, apparently, by Dr. Simpson's unqualified assertions of its innocuousness, parties whose professional responsibility is, not whether my table makes this estimate two or three per cent. higher or lower than it ought to be, but whether the mortality has been proved by these tables to have existed during the last three years, it is not a necessary proof that the lauded superior salubrity of the London over the Paris Hospitals was not authorized by the truth; and that our Surgeons, though well aware of the comparatively trifling mortality after amputation in the country or in well-ventilated Hospitals, whither most of those which have been sent, recklessly persisted in this fearful sacrifice of life.

But (it may be argued), admitting that a great increase of mortality has been proved by these tables to have existed during the last three years, it is not a necessary proof that this has been caused by chloroform. If any other cause has been acting, let it be pointed out. There has been none which could have effected this difference through so long a period but the introduction of chloroform. One or influences may, doubtless, have occasionally acted in unison with it, and increased the mischief; but to a continued cause alone can the continued increase of mortality be attributed. We know that chloroform is a powerful agent, and that it possession may, doubtless, have occasionally acted in unison with it, and increased the mischief; but to a continued cause alone can the continued increase of mortality be attributed. We know that chloroform is a powerful agent, and that it possesses noxious properties; the ulterior advantage of shortening, and the locality, Surgeons, though well aware of the comparatively trifling mortality after amputation in the country or in well-ventilated Hospitals, whither most of those which have been sent, recklessly persisted in this fearful sacrifice of life.

Dr. Snow did not hesitate to publish this report, in which the mortality from 55 amputations of the thigh, leg, arm, amounts to 27 per cent., as a statement favourable to etherization. But whether it is considered that none of the amputations in this list were primary, that, at the commencement of the practice there was much more selection of cases than has since obtained, and that several of these cases arose from practice under circumstances all highly unfavourable to recovery—the mortality would not need to be deemed quite as high as that indicated by the reports in the Medical Times and Gazette. Dr. Snow publishes this report in order to dispel the fears with which some Surgeons may, doubtless, have occasionally acted in unison with it, and increased the mischief; but to a continued cause alone can the continued increase of mortality be attributed. We know that chloroform is a powerful agent, and that it possesses noxious properties; the ulterior advantage of shortening, and the locality, Surgeons, though well aware of the comparatively trifling mortality after amputation in the country or in well-ventilated Hospitals, whither most of those which have been sent, recklessly persisted in this fearful sacrifice of life.

Therefore, as Dr. Simpson's investigation, it must at once be acknowledged, is not so established; and, although there may be a difference of opinion respecting the exact correctness of the estimate in my first table of the mortality in the London Hospitals before etherization was in use, this is by no means of importance. The great question is, not whether my table makes this estimate two or three per cent. higher or lower than it ought to be, but whether the mortality from amputation in the London Hospitals, after all the improvement of late times, would have amounted steadily during the last two years to more than 40 per cent. of the number of amputations, or a third of those operated upon, for the continued agency of chloroform? If it be asserted that the mortality of the London Hospitals has not increased, then it must follow that the returns we have had of the results of operations in former years have been made in an unvaried manner recommended by Ricord, or "bouche I bouche." But (it may be argued), admitting that a great increase of mortality has been proved by these tables to have existed during the last three years, it is not a necessary proof that this has been caused by chloroform. If any other cause has been acting, let it be pointed out. There has been none which could have effected this difference through so long a period but the introduction of chloroform. One or influences may, doubtless, have occasionally acted in unison with it, and increased the mischief; but to a continued cause alone can the continued increase of mortality be attributed. We know that chloroform is a powerful agent, and that it possesses noxious properties; the ulterior advantage of shortening, and the locality, Surgeons, though well aware of the comparatively trifling mortality after amputation in the country or in well-ventilated Hospitals, whither most of those which have been sent, recklessly persisted in this fearful sacrifice of life.
if the effect of chloroform administered in healthier hospitals than those of London be investigated, we cannot expect the same exact proportion between its injurious effects, so that one might inhale chloroform in a pure country atmosphere and escape, who would be killed by it under the contrary circumstances; just as, according to common observation, a person may, if other circumstances be the same, be bled with impunity in the country who would sink under venesection in London.

Before concluding the subject of amputation, I may remark that, of the two kinds of this operation termed primary and secondary, the latter is the best adapted for a subject comparatively a respect to etherization. The first not only varies more in danger, according to the severity of the injury rendering it necessary; but the question of the propriety of having recourse to primary amputation in certain kinds of injury is far from being yet settled. If the Surgeon were invariably to cut off limbs which another and a better Surgeon would endeavour to save (and this observation applies to both primary and secondary amputations), he would soon be enabled to exhibit a much more favourable return of amputations than the usual average; and the adoption of such a system at any particular Hospital would give it a fallacious appearance of advantage over others.

These observations respecting primary amputation apply with the same force to the operation for strangulated hernia. The mortality from this operation is affected principally by the length of time that has elapsed from the date of the strangulation; and if a Surgeon were always to operate immediately he would reduce this mortality far below the usual average. He would not, however, diminish the mortality from the disease by so rash a proceeding, for assuredly the greater number of strangulated herniae can be reduced without any undue inconveniences. If the several means of effecting this, which I have at different times recommended, particularly that of suddenly contracting the bulk of the protruding part by a short application of intense cold, will still further diminish the necessity for resorting to the knife, I may observe, with respect to the use of chloroform in herniotomy, that from the smallness of the wound it probably causes little increase of danger. In most minor operations, indeed, the principal danger to be apprehended from its use, is that of sudden death from its primary effects. If I may be allowed to judge of the matter from general impressions (for I have not as yet applied the test of careful statistics) I should be disposed to attribute the mischief from the secondary effects of chloroform principally to its predisposing to pyemia; but unless in certain parts of the body, small operations involving the incision of only small blood-vessels are rarely the cause of this affection.

Although amputation has been generally selected as the operation of preference in similar inquiries to the present, it is not the best adapted for the purpose. No operation has undergone or is undergoing greater changes and improvements. The substitution of the ligature of arteries for the hot iron, of the double for the single incision, of union by the first instead of the second intention, of heating for cooling dressings, were all great improvements; but, perhaps, none of these will effect so favourable an agency on the result of the operation, as the plan of regulating the temperature of amputation-wounds, and excluding the air from them, lately adopted in Germany by Langenbeck. Changes of this magnitude render the subject as that which was required with reference to this account, it is unnecessary to enter into any such detail on the subject as that which was required with reference to amputation. In young persons, or while the parts about the neck of the bladder remain easily distendable, the fatality of lithotomy is comparatively little; and there is, perhaps, as much difference between youth and age in this respect as between amputation of the thigh and forearm. The deaths from lithotomy in adult patients before the introduction of chloroform were, according to our best authorities on the subject, in the proportion of 1 to 41, or 22 per cent, of those operated upon. What they are now, will appear by the following tables:—

Table IV.

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Bartholomew's</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>St. Thomas's</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>St. George's</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>University College</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>King's College</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Total cases, 17; deaths, 9; percentage of deaths, 52.9.

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Total | 41 | 22 |

Average percentage of deaths, 53.6.

The fact that, instead of one in four operations proving fatal, the mortality should now be doubled, and amount to one half of those cut for stone, is so remarkable as to render any comment unnecessary.

I must now bring these observations to a close. Desirous to be as brief as possible, I have excluded every statement or reflection not essential to the exposition of the subject. To dispel the delusion that we have sufficient evidence that chloroform saves life, it was only necessary to point out the fallacies in Dr. Simpson's two tables; and to show the present greatly increased rate of mortality from amputations, it was enough to place before the reader the results of those performed in the London Hospitals. That such an increase of mortality was likely to proceed from the administration of chloroform, will not now be denied by any one who dispassionately reflects on the palpable evidence of its poisonous nature and debilitating agency afforded by the sudden deaths, and the lasting prostration so often occasioned by it.

If the truth of this exposure be called in question, on the plea that it is improbable that so great and pernicious a delusion should have existed so long, it is a sufficient answer to say, that, until a considerable time had elapsed, and the test of statistics could be properly applied, there was no possibility of the operation. In consequence, however, of this stationary condition of lithotomy, the average mortality from no other operation has been increased by statistics; and, on this account, it is unnecessary to enter into any such detail on the subject as that which was required with reference to amputation. In young persons, or while the parts about the neck of the bladder remain easily distendable, the fatality of lithotomy is comparatively little; and there is, perhaps, as much difference between youth and age in this respect as between amputation of the thigh and forearm. The deaths from lithotomy in adult patients before the introduction of chloroform were, according to our best authorities on the subject, in the proportion of 1 to 41, or 22 per cent, of those operated upon. What they are now, will appear by the following tables:—

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(b) There is an allusion to this improvement at page 38 of the account which was suggested more than twenty years ago, has rarely been properly executed; and Surgeons have judged of the proposal more by these imperfect trials than by the principles probably to its predisposing to pyemia; but unless in certain parts of the body, small operations involving the incision of only small blood-vessels are rarely the cause of this affection.

Although amputation has been generally selected as the operation of preference in similar inquiries to the present, it is not the best adapted for the purpose. No operation has undergone or is undergoing greater changes and improvements. The substitution of the ligature of arteries for the hot iron, of the double for the single incision, of union by the first instead of the second intention, of heating for cooling dressings, were all great improvements; but, perhaps, none of these will effect so favourable an agency on the result of the operation, as the plan of regulating the temperature of amputation-wounds, and excluding the air from them, lately adopted in Germany by Langenbeck. Changes of this magnitude render the subject as that which was required with reference to this account, it is unnecessary to enter into any such detail on the subject as that which was required with reference to amputation. In young persons, or while the parts about the neck of the bladder remain easily distendable, the fatality of lithotomy is comparatively little; and there is, perhaps, as much difference between youth and age in this respect as between amputation of the thigh and forearm. The deaths from lithotomy in adult patients before the introduction of chloroform were, according to our best authorities on the subject, in the proportion of 1 to 41, or 22 per cent, of those operated upon. What they are now, will appear by the following tables:—

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of detecting it. Chloroform, like the foul air of crowded hospitals, is a secret poisoner, its pernicious effects are rarely cognizable by external mark; and a reliance upon individual experience cannot but lead to the most erroneous conclusions. The light which statistics have thrown on this important question, is only one of the great services they would render practical medicine, if carefully and judiciously employed, and brought, through the assistance of Government, to bear directly upon those collections of facts preserved in the medical records of the hospitals of the country.

That the exposition now made will put a stop to the indiscriminate use of chloroform in operations, is not to be expected; for whatever the opinions of surgeons may be respecting it, or whatever danger may attend its use, patients will now insist upon its being employed, until a perfect substitute can be found. As well might we look for a cessation in the abuse of alcohol, the dangerous anaesthetic for mental and physical pain.

But it will be the duty of the Surgeon, instead of urging the administration of chloroform as a means of saving life as well as of preventing pain, to represent to the patient about to submit to amputation or lithotomy, that the endurance of a moderate degree of pain (for by the substitution of local anaesthesia, the pain need never be more than moderate) is a far less evil than to have the hazard of the operation increased to so frightful an extent as to be fatal in three instead of four, or five amputations, as formerly, and to render recovery or death after lithotomy, an equal chance.

But it is not necessary that the argument of an increase of the unfavourable results of operations should be insisted upon. Surgeons may not inspire confidence; if there be no proof of a decrease of these results, as a compensation for the numerous deaths which proceed from the direct and immediate effects of chloroform, the recommendation of its use, especially in the large doses employed of late years, could hardly be justified.

UPON A FORM OF PHAGEDÄNIC ULCERATION OF THE THROAT, NOT SYPHILITIC.

By HOLMES COOTE, F.R.C.S.
Assistant-Surgeon to St. Bartholomew's Hospital.

PATIENTS are occasionally seen in London, in whom there exists a condition of the throat not unlike that which in some parts of the East is regarded as the result of "leprosy." The soft palate and uvula and even the hard palate are destroyed by phagedenic ulceration, which is followed by a dry, erythematous, hard face, deeply eroded, with elevated and everted edges, and thin sparing secretion. The voice becomes thick; the act of swallowing is rendered difficult, and there is an expression of distress on the countenance.

In cases of primary pharyngitis, recovery is not to be expected; for whatever the opinions of surgeons may be respecting the ulcerative process in the soft palate and the back of the pharynx, by which the patient’s distress in deglutition is considerably increased; add to this that the whole glandular structure of the soft palate is destroyed, so that a most irritating sensation of dryness remains. This condition of the throat is familiar to all surgeons, and when seen in its active stage seems to suggest two ideas, namely, that it is either the result of cancer or of syphilis. As regards the former disease, I must consider that any obscurity as to the nature of the case would shortly be cleared up, even to the most inexperienced eye. Cancer of the soft palate is a most intractable affection, and does not yield to any known treatment. The history, origin, and progress of the case, the indurated margin and base of the ulcer, and the aspect of the sore are quite different from phagedenæ. But, as regards syphilis, so many of its manifestations may readily occur.

I am aware that many Surgeons will deny the existence of this form of phagedenic ulceration of the throat unconnected with the syphilitic taint; but, I would reply that such a statement is by no means proved, and that of late years there has been a growing faith in the widely spread influence of the syphilitic virus in modifying or developing a multitude of diseases both in children and adults, which is injurious to the causing it to a great degree of degeneration, and its presence positively opposed to facts. Many years ago I saw in St. Bartholomew’s Hospital two boys, of the age respectively of ten and twelve, in no way related, but in both of whom there existed phagedenic ulceration of the fauces and pharynx. No satisfactory history could be obtained concerning the occurrence of this disease on the grounds of its being syphilitic; the parents were poor and apparently healthy, and no particular symptoms had occurred at the time of the children’s birth. Are we to believe that the syphilitic poison contracted by the father at least thirteen years before, was transmitted to his child, remaining dormant in that child until the age of twelve, and then manifest itself in the tertiary form? I confess such an assertion seems to me to call for a considerable amount of belief; and I am the more inclined to set it aside from serious consideration, having frequently suspicion is cast upon those, whom further investigation would completely exonerate. During the past month I have seen two or three children of the ages of twelve, suffering from eczema impigentipodes and atrophic porosis, both of which might have been mistaken for ulcers of the lips and nodes. They had indeed been diagnosed as such.

The following case is interesting in connexion with this subject:-

Jane B., aged 20, a pallid, strumous-looking girl, of respectable parents, and born in the country, states that seven years ago her throat became sore. She came to town to enter into service, and became out-patient at an hospital on account of difficulty of swallowing and loss of voice. The inconvenience continuing she was recommended change of air, and she returned to her friends, but subsequently was obliged to enter another hospital, where she was treated with codliver oil and the local application of nitrate of silver, about four years ago when she left this hospital, apparently in good health, but with considerable damage done to the soft parts, although there was no active ulceration. Since that time she has had frequent attacks of return of the soreness of the throat, and has been questioned as to her ever having had syphilis, but she firmly denies having even exposed herself to contagion. During the course of her illness she has had diphtheria of both the forehead and right upper arm, in both of which situations there are large cicatrices. The branche of the soft palate was preternaturally red and vascular, and presented throughout tubercular elevations and numerous wart-like growths; the arch of the palate had been greatly changed in appearance by ulceration, and the remains of the uvula were adherent to the right and left side. In several situations there were spots of ulceration.

Upon first seeing this patient I concluded, without a moment’s hesitation, that she was suffering from tertiary syphilis; but she assured me as most solemnly as to the contrary, adding that the same question had frequently been put to her before. She stated that she had no objection to inform me of anything in her power, and that she had never exposed herself by reason of her dread of infection. As I received her evidence with mistrust, I questioned her in private, when she repeated her denial, with evident distress at being disbelieved. She could have had no suspicion of concealment, for I saw her at the out-patient room of St. Bartholomew’s Hospital, where she might have given a false name, or withdrawn from attendance without further inquiry. Under proper treatment, the ulceration, which was of chronic character, healed.

Just one month after the coming of this patient, a respectable-looking man presented himself with an affection of the hard and soft palate, in many respects similar. There were three foul ulcers occupying the hard palate and the velum palati, with elevated edges, surrounding a denuded hollow, covered by an adherent secretion. The appearance of these sores was as if a phagedenic ulcer had extended to the bone, which had become destroyed and carious, or dead; such, however, to all examination, was not the case. The question arising this patient I found that he was married, that he had never had syphilis, but had suffered thirteen years ago from gonorrhœa, which yielded to the usual treatment. This case is still under treatment, and the cure is very readily occurring.

There is in regard to these cases a ready mode of solving the difficulty in diagnosis by totally disbelieving the patient’s statement; by affirming that the disease can be none other than syphilis according to all precedent; but I ask what must so ready a solution would be satisfactory? Have we attained that state of knowledge and certainty which will enable us to judge our patient’s story? That is a far more satisfactory subject of inquiry than is suited to advance medical science might be illustrated by its application to the examination of the leper-huts at Jerusalem. There the believer in
of a moderate knowledge of Greek and Latin, while they alto-
gether neglected to ascertain whether the candidates who came
behind were reasonably acquainted with the most
important branches of an English education. They seem to
have taken this for granted. I am happy to observe, that in
the University of Dublin, all candidates for entrance are now
examined in English Composition and Arithmetic. Indeed
the vast improvements which have been effected in the course
of education, in this University, within the last three or four-
and-twenty years, indicate the most enlightened and liberal
views on the part of those to whom its government is entrusted,
and are quite in keeping with the progressive character of the
present age.

Next week I shall send you a short abstract of Dr. Neil-
gan's address at the opening of the Dublin School of Medi-
cine. He states, that at two hospitals, that will be opened to-day, and
also an account of the first meeting for the season of the Asso-
ciation of the Members of the College of Physicians, which will
be held to-morrow evening.

GENERAL CORRESPONDENCE.

MORTALITY AFTER CHLOROFORM.

[To the Editor of the Medical Times and Gazette.]

Sr.—I have read, with much surprise, in your last two numbers, an essay by Dr. Arnott, the object of which is to
prove—1. That the mortality after amputation in London Hospitals is considerably greater now than it was before the
introduction of chloroform; and 2. That this increase is the effect of the administration of that anaesthetic. Allow me to
say, that I never took both these points for granted. I am happy to observe, that in
London Hospitals taken promiscuously for the last three years has
shown a mortality after operations in London generally since than before the introduction
of chloroform. I can testify, from personal observa-
tion of the Members of the College of Physicians, which
it is the object of Dr. Arnott's essay to recommend, I have frequently used it with success, and always borne will-
ing testimony to its great value in minor operations (in the
practice of an Army-Surgeon in India—under circumstances
respectively which had nothing in common; but I abstain
from a fear of overburdening your space. Allow me, in con-
clusion, to say a few words on both these points:—1. The figures ad-
duced by Dr. Arnott show (if their
accuracy is to be assumed), that not the deaths after amputation have been more numer-
ous in London generally since than before the introduction
of chloroform, but that the average of deaths in all the London Hospitals taken promiscuously for the last three years has
been higher than it was in four series of cases taken before that
time. Your readers will observe that the last three years do not comprise the whole of the time since the intro-
duction of chloroform. I can testify, from personal observa-
tion and tables drawn out at the time, that the mortality after
amputation has been much greater at my own Hospital (St. George's) during those three years than in the previous year, 1852, so that there is nothing to show that the average of those three years is a fair measure of the proportion of deaths
during the eight years in which chloroform has been used.

N. Or there any better proof that Dr. Arnott's first table represents truly the rate of mortality in the London Hospitals before that time. It consists of four series, one of them that published in South's Chelius, and comprising the results of Mr. South's own practice at St. Thomas's; two out of St. George's. The figures are inconsistent, as Dr. Arnott intimates, almost exclusively of cases operated on by Mr. Liston; the fourth, a very short series from St. Bartholomew's. I believe, therefore, that this table does not accurately represent the ordinary rates of mortality, and that the facts on which Dr. Arnott bases his conclusion are erroneous. Still less conclusive are the remarks which Dr. Arnott makes on the operation of lithotomy. It is quite sufficient to say, that this part of his paper, that the increased mortality after lithotomy in the admission in the present day is
due to the number of the more promising cases subtracted by the invention of lithotomy; and I may, perhaps, be allowed to express my surprise, that any one writing on this subject should have passed over so obvious a consideration. I be-
lieve the mortality after lithotomy now is not by any means
greater in the class of cases operated on than it was in old
times; nor do the figures adduced by Dr. Arnott in the least de-
crease that conviction.

2. But if we could admit the facts, should we, therefore, be
bound to accept the inferences? I think not, until they are more intelligibly connected together; for at present I am un-
able to discover in the whole essay any argument which applies
directly to the thing which is to be proved. The following
sentence embodies the gist of Dr. Arnott's reasoning. Spea-
kings of the prevalence of pyemia to which the increased mor-
tality after amputation of late years is due, he says, "An epidemic caused by atmospheric disease and other similar influences
does not last for many years over the whole extent of a coun-
try; but this epidemic has been co-existent with, and has,
due to the use of chloroform." The assertion that this epidemic has coincided, either in duration or extent, with
the administration of chloroform, is, as far as I know, utterly gra-
tuous. In the Hospital to which I am Registrar it com-
menced in 1854, and this was the case also, I believe, at other
London Hospitals. You will see by reference to the Table of
Amputations and Compound Fractures which I publish in your
Journal from time to time, that the difference between those two years was most marked in both classes of cases;
although chloroform was given uniformly in the first and not
in the latter; and by reference to our post-mortem records for the same two years I find that (exclusive of those two
classes of cases) there were, in 1852, 4 fatal cases of pyemia, while chloroform was not used; and in 1853, 14, in only one of which chloroform had been given. So that in St. George's Hospital, at any rate, the epidemic attacked equally those who had and who had not been
submitted to the influence of chloroform. Moreover, the epidemic of pyemia showed the greatest analogy to those of erysipelas, phagedena, etc., to which our London Hospitals have been liable from time to time, as far as we know ever
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other parts of this paper—such as the curiously prejudiced comparison between the deaths in the Crimea and the
 externals of the epidemics which the introduction of the knife is frequently avoided, and even the
ability to cut its own way through the sphincter.

By this method a great deal of pain is saved to the patient,
and it may be treated in a similar way, the thread
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consisted, however, of sound practical advice to the students,
addressed to them in reference to their "duties as students,"
and their "duties as Practitioners." The lecture was deli-
vered altogether extemporaneously, and was listened to with deep
attention by a numerous auditory. The students present
seemed deeply impressed with the value of the advice they
had received.

Mr. Ledwich commenced the regular business of the Ses-
sion at the "Original School of Medicine," with a lecture
which was delivered in the style of flowery eloquence for
which the Lecturer is, on such occasions, remarkable. Mr.
Ledwich took for his text the words, "Help one another;
"a simple sentence on the acknowledgment of the influence
of which depends, he observed, "the root of all commercial
policy, of civil and political government, of social connexion,
and the profitable investment of intellectual labour in those
professional pursuits that either minister to the natural
reality or acquired habits of the entire community." The
address, from its nature, scarcely admits of compensation; it
will, however, I understand, be published in extenso.

The first meeting for the discussion of subjects connected
with practical Medicine of the Association of the College
of Physicians of Ireland, took place on the first Wednesday
in the present month, when communications were made by Dr.
Neligan, and Dr. Wilde. Dr. Neligan's communication con-
sisted in an account of a singular case in which a
human hair had become accidentally knotted around the
second toe of an old lady so tightly as to produce strangula-
tion of the ungual phalanx. At the time Dr. Neligan saw the
case, the strangulation had existed for three days; and the
toe was very much swollen, inflamed and painful. With some
difficulty he was enabled to divide the hair with a sharp
pointed pair of scissors, when the swelling, and consequently the
strangulation, was relieved. In remarking on the case, which he
said, he brought before the association, chiefly in consequence
of its singularity, he alluded to a paper by Dr. J. Weiss,
Director of the Hospital for children at St. Petersburg. In it
he stated a case of strangulation of the toe, which was described
under the name of dactylostrangalis (strangulatio digitorum).
Dr. Henry Kennedy detailed the case of a young man, aged 18,
who was admitted into Sir Patrick Dun's Hospital, labouring
under scoliosis, attended with intermission of the pulse;
as the disease advanced the intermission increased, and was
accompanied by very great irregularity of the heart's action.
Both these symptoms subsided pari passu with the declension
of the disease, and the only cause which Dr. Kennedy could
assign for their occurrence was the fact that the patient had,
previously to his illness, been an inveterate smoker.

The first meeting, for the present session, of the Royal Irish
Academy, was held last evening at their house in Dawson-
street, the Rev. J. H. Todd, D.D., President, in the chair.
Mr. Wilde gave a most interesting account of a MS. of Dr.
Willoughby, one of the original Fellows of the King and
Queen's College of Physicians, written in 1690, on the sub-
jects of Mortality and Increase of People in the City of
Dublin, the Distempers, Air, and Climate of this Kingdom,
and was listened to with deep
attention by a numerous auditory. The students present
seemed deeply impressed with the value of the advice they
had received.

Sir,—Much has been said lately about the indiscriminate
sale of poisons and drugs; angular bottles, with other things,
having been proposed as a safeguard to the public; why not
strike at the root of the evil at once, and give the same power
to the London Apothecaries Company which is given to the
Apothecaries' Hall of Ireland; by looking at an advertisement
from that body in your last number you will see that,

"According to act of Parliament, no person can be taken
or employed as an apprentice, assistant, or shopman to an Apo-
thecary, or as a partner of an Apothecary, or as a Partner
of an Apothecary's Hall of Ireland until such person shall have been examined and obtained the certificate of the Court of Examiners of the Apothecaries' Hall of Dublin."

"It is also Provided, that if any one shall take or employ as an apprentice, assistant or shopman, or shall open a shop or wareroom for the retail of medicine, or practise the art and mystery of an Apothecary within the kingdom of Ireland until such person shall have been examined and obtained the certificate of the Court of Examiners of the Apothecaries' Hall of Dublin."

Now, why not give the Apothecaries' Company of London
the same power, and let the Medical Practitioners support
them? Here you strike at the root of the evil at once, and
give the power of dispensing life and death to a class who may
be trusted, and not, as it is at present, to those who have un-
dergone no examination as to their knowledge of drugs and
dispersing, although they have usurped the place of the legi-

timate Apothecary or Druggist, and with it all the gains.

In the proposed new Medical Bill, I would suggest that
the Apothecaries, conjointly with the Physicians, should form an
examinining body, and be empowered to examine all Chirur-
gists and Druggists, and that all assistants or shopmen should be
compelled to take out a licence under a penalty. Perhaps
some of my Medical brethren of more standing and experience
may join in my views. A proposition should come from some
one of my Medical brethren of more standing and experience

Ato commence with his facts, or statements. He sees
nothing surprising in the circumstance that lithotomy should
prove fatal in half of the adult cases operated upon in the
London Hospitals, but it is surprising that I should not
know (what he asserts to be) the reason of this great mortality,
namely, that the more favourable stone cases are with-
drawn, in order to be the subjects of lithotomy. I confess
I had not examined the statistical returns with respect to this
point, as the knowledge that Sir B. Brodie had, in his recent
paper, referred them to the purpose of showing the greater
mortality of lithotomy as compared with lithotomy; and that
Surgeons do not, as a rule, select the best cases for the latter
operation, rendered such an examination unnecessary. On
examining them since, I find that the cases of lithotomy at the
London Hospitals have been too few sensibly to affect the cal-
culation which I have made; and that the best cases have not
been selected. Two or three cases, as cases in which
the prostate was much diseased; and in the only adult case of
lithotomy, occurring in the third or last year (October, 1855),
the patient was 74 years of age, and "of a feeble condition
that he was not thought capable of enduring the operation."

So much for Mr. Holmes' facts; his opinions are not more
correct. He finds fault with the shortness of the period of
three years, from which I have deduced the present rate of
mortality in the London Hospitals, and without examining the
circumstances under which the cases were selected. It is not
this that is not the whole time that has elapsed since the in-
troduction of chloroform. Every reader knows this, though,
perhaps, he may think that it has not been universally em-
ployed in large doses, for a much longer period; and those
who have made use of it are agreed that it was limited to three
years, because my statistical returns had the same limit.

But I am of opinion that this period is sufficient to deter-
mine the point, considering the wide field of observation fur-
nished by the London Hospitals, I should be glad to have it
extended, in order that every one may be convinced. On this
account, I was pleased to fall in, a few days since, with an
accurate return of amputations performed at the Oxford Hos-
pital, for many years before and since the introduction of
chloroform; it is drawn up by Mr. Hussey, and published in
a recent volume of the "Transactions of the Provincial Asso-
ciation;" and it exhibits a great increase of the rate of mortality
between the period of the introduction of chloroform and the
date of the return in 1852, or the commencement of the data from
which the tables I have published are constructed.

Mr. Holmes considers it a mark of prejudice, my attaching
any importance to the statement by a Military Surgeon of his
great success in amputation before the introduction of chloro-
form; but he omits to mention that I had prefixed my
notice of this report with the observation, that such limited
statements were only of value when considered in conjunc-
tion with others of wider range. Had he remembered this axiom
in statistics, he would not have been so ready to conclude,
because the amputations at St. George's were more favourable
in 1852 than in 1853, that the difference could only be accounted
for by the breaking out of a new or unheard-of disease.—an
epidemic anemia?—a disease, reference to the returns of after
three years' mortality would have shown, that quite as great a dif-
ference occurred in other hospitals during that period; and
shown also, that, instead of its being an erroneous procedure
in order to estimate the general mortality by taking the average of
weekly deaths, I have made a reference similar in form to that used
under the circumstances, the only rational, or, indeed, possi-
ble, mode of forming such an estimate.

When Mr. Holmes speaks of the co-existence of pyemia
in all cases of fibrinous in which it had not been ex-
bited with cases of amputation in which it had, as an argu-
ment against the position that chloroform may act injuriously
by predisposing to pyemia as well as other fatal affections,
he forgets that pyemia may have many causes, both predis-
posing and exciting; and (in reference to an illustration
already used), that though drunkenness predisposes to cholerica,
this disease often attacks the temperate.

A reference need not be made to other remarks of less im-
portance, because they have already been anticipated and
replied to in my paper.

The important question is, what has caused this long-
continued, widely-extended, and great increase of mortality
after some of the severer operations.

If it be called an epidemic mortality, what epidemic, in the
common sense of the term, lasts so long and continues over so
great an extent of country? Cannot a sufficient reason be
assigned for the fatal effect in the individual
ings down to the bone, and affecting the periosteum.

The author explained this term to mean peculiar forcible
bath every night to the lower extremities; fresh squills
being natural. The patient recovered after the application of a
since the Tables of the "Transactions of the Provincial Association"
have already been anticipated by me in a former paper.

I have been advised, be it longer led, if by the often-repeated
assertion that there is a saving of life upon the whole; and it
would be absurd to suppose that the cases of sudden death from
chloroform constitute the full measure of the mortality.

A few years of these are generally known or reported,
Hardly any in private practice, and now, even in Hospitals,
they are concealed. It is well known to the frequenters of the
London Hospitals, that, in the same week in which the
recent death from chloroform at St. Thomas's occurred,
the patient recovered after the application of a
steam bath every night to the lower extremities; fresh squills
then became the subject of judicial inquiry. Humanity and the
character of the Profession demand that the whole subject
should be investigated anew.

I am, &c.

JAMES ARNOTT.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 11, 1856.

CAESAR HAWKINS, Esq., President, in the chair.

A case of true elephantiasis, by Jonathan Toogood, Esq.,
communicated by Sir B. Brodie, was read by the Secretary.

The subject was a young woman, aged 22. Both legs and
feet were involved in the disease, which also extended a con-
siderable portion of the thighs. There was a diminished secre-
tion of urine, which was albuminous, every other function
being natural. The patient recovered after the application of a
steam bath every night to the lower extremities; fresh squills
then became the subject of judicial inquiry. Humanity and the
character of the Profession demand that the whole subject
should be investigated anew.

JAMES ARNOTT.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE TREATMENT OF ANEURISM BY MANIPULATION

was then read.

The author explained this term to mean peculiar forcible
squeezing of the aneurismatic tumour, with the intention of
breaking up the fibrin supposed to be within; so that, being
placed, it might possibly block up the distal end of the tu-
mour, or the artery leading from it. After sketching the various
means whereby Nature is supposed to bring about occasional
spontaneous cures, cases having come under the author's observ-
ations, in which spontaneous cures had seemingly been caused
by displaced fibrin, the author proceeded to show that, while
Surgeons had in some degree followed the dictates of Nature,
they had, as far as his knowledge went, attempted to imitate the
actual displacements of fibrin by any active interference on
their part. He then explained how he had for many years
employed in large doses, for a much longer period; and those
who have made use of it are agreed that it was limited to three
years, because my statistical returns had the same limit.

But I am of opinion that this period is sufficient to deter-
mine the point, considering the wide field of observation fur-
nished by the London Hospitals, I should be glad to have it
extended, in order that every one may be convinced. On this
account, I was pleased to fall in, a few days since, with an
accurate return of amputations performed at the Oxford Hos-
pital, for many years before and since the introduction of
chloroform; it is drawn up by Mr. Hussey, and published in
a recent volume of the "Transactions of the Provincial Asso-
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Hardly any in private practice, and now, even in Hospitals,
ON THE EFFECT OF CHLOROFORM UPON THE RESULTS OF OPERATIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the fourth paragraph of my paper on chloroform, published on the 25th ult., the opinion is expressed, that the concealment of deaths from the administration of this agent is, for the reasons there assigned, "neither extraordinary nor reprehensible," and, though this remark refers particularly to private practice, the same reasons obviously apply to such deaths occurring in hospitals, for the relatives of the poor who die from chloroform have feelings as well as the rich, and should not be needlessly afflicted. After having expressed these opinions, it is with no little surprise that I find myself charged, in the last number of this Journal, with casting an imputation on the Profession, by asserting that there has been such a concealment of deaths as to make the few which have been admitted powerless to divulge accidents from the use of chloroform than those proceeding from mercury, opium, or other powerful drugs; and surely his concealment of these has never been considered dishonourable. He has it always in his power to make his professional brethren acquainted with such occurrences at a convenient time, if the information be useful to science, but he should confine the communication to them.

It is of importance, however, in judging of the propriety of employing chloroform indiscriminately, to know that the reported cases of sudden death from it do not constitute the whole number that have occurred. My opinion on this point is by no means singular. At a meeting of the Edinburgh Medical Society, on the 17th of last March, and on the occasion of a discussion respecting a death from chloroform, Dr. Gairdner, one of the most distinguished of its members, stated, that "within the last three weeks, he had been informed of three distinct cases of reported death from chloroform, which had been the talk of a neighbourhood (not in Edinburgh), but which would probably never be noticed in any more public way." But what Medical man is there who does not know several such cases? How rarely do we hear of death by chloroform? Not once in a year; yet elucidation is as much in use there as here, and we cannot admit that their plan of administering anaesthetics is superior to ours. The reason, doubtless, is, that French Practitioners do not confine their views boundless these more than other accidents occurring in their practice.

I shall now proceed to notice Mr. Holmes's second letter; but, as I have already, in the paper referred to and in my first letter, answered most of his reiterated objections, I shall confine myself to what respects the rate of mortality from lithotomy. He is not satisfied with the reasons which I adduced for believing that the cases in the Hospitals, upon which chloroform has been performed during the last three years, were of the ordinary description, and not such as the admitted powerfully predisposing cause of fatal disease after the severer operations, militates. But, if the facts, that only one case of lithotomy in the adult occurred during the last year in the London Hospitals, that case was pronounced unfit for lithotomy, and that several in the former years were also rejected ones for lithotomy. If these facts fail to convince him, what hope can I entertain of conviction from other evidence? Will it serve any purpose to inform him, that of the few that were lithotritized during this period, nearly a third died; showing that the cases could not have been what are termed good ones, as this mortality is of higher rate than that arising formerly from lithotomy? Does he not know that chloroform has as yet obtained but little favour with Surgeons, and that this was one of the reasons assigned by Sir Benjamin Brodie for publishing his recent paper, recommending the operation, in which he refers to these very statistics as a support to his argument? As a profession of that, Mr. Holmes ought not, so openly, to shift his ground as he does in this discussion. The question is not, as he states, whether it is, or not, the case, that the best subjects are reserved for lithotomy, although the proper answer to this question is very different from that he supposes; but, whether the cases of Lithotritized during the last year, do not constitute extraordinary cases of sten in the adult. The obvious truth is, that every case of disease has peculiarities affecting the prognosis, and that large numbers are better than small for such calculations, it was surely unnecessary to state; but the advantage of statistics, or of forming an estimate from a vast number of examples is, that these differences or peculiarities being thus balanced, become of little or no importance. As to Mr. Holmes's new question, it may be true that, amongst those Surgeons who practice lithotomy, the best cases may have been selected; but Mr. Holmes must surely know that the cases to which this operation has been deemed peculiarly adapted are not the best, but the worst cases for lithotomy, or those of very old men. If he will refer to Mr. Erichsen's "System of Surgery," he will find statistical returns, showing the extraordinary success of lithotrit in performed on septuagenarians and octogenarians, few of whom would have probably survived lithotomy.

What Mr. Holmes exactly means when he presumes to accuse me of bringing a charge of rashness against the Hospital Surgeons, because I affirm that chloroform has increased the mortality from lithotomy, it is difficult to say; but this I know, that although Surgeons may be a species of practitioners by which they considered a great and unmixed boon, does not deserve this high character, they cannot for a moment consider the publication of my inquiries on the subject as any imputation on their judgment or skill. He is not satisfied with the reasons which I have adduced for believing that the cases in the Hospitals, during the last year, were of the ordinary description, and not only those years, were of the ordinary description, and not only those former years were also bad cases for lithotomy,—if these facts fail to convince him, what hope can I entertain of conviction from other evidence? Will it serve any purpose to inform him, that only one case of lithotrit during this period, nearly a third died; showing that the cases could not have been what are termed good ones, as this mortality is of higher rate than that arising formerly from lithotomy? Does he not know that chloroform has as yet obtained but little favour with Surgeons, and that this was one of the reasons assigned by Sir Benjamin Brodie for publishing his recent paper, recommending the operation, in which he refers to these very statistics as a support to his argument? As a professional man, Mr. Holmes ought not, so openly, to shift his ground as he does in this discussion. The question is not, as he states, whether it is, or not, the case, that the best subjects are reserved for lithotomy, although the proper answer to this question is very different from that he supposes; but, whether the cases of Lithotritized during the last year, do not constitute extraordinary cases of sten in the adult. The obvious truth is, that every case of disease has peculiarities affecting the prognosis, and that large numbers are better than small for such calculations, it was surely unnecessary to state; but the advantage of statistics, or of forming an estimate from a vast number of examples is, that these differences or peculiarities being thus balanced, become of little or no importance. As to Mr. Holmes's new question, it may be true that, amongst those Surgeons who practice lithotomy, the best cases may have been selected; but Mr. Holmes must surely know that the cases to which this operation has been deemed peculiarly adapted are not the best, but the worst cases for lithotomy, or those of very old men. If he will refer to Mr. Erichsen's "System of Surgery," he will find statistical returns, showing the extraordinary success of lithotrit in performed on septuagenarians and octogenarians, few of whom would have probably survived lithotomy.

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Instead of following Mr. Holmes through other details, in which his reasoning is equally incorrect, I will occupy myself in extending the reason why he thinks this a case of premeditation, thereby cast imputations on the Profession? Instead of following Mr. Holmes through other details, in which his reasoning is equally incorrect, I will occupy myself in extending the reason why he thinks this a case of premeditation, thereby cast imputations on the Profession?
strongly against such an idea. If an epidemic influence prevailed, how was it that the wounds ... In support of this opinion he quotes the following as from M. Ricord: 'In WK18 Mедеіcl Times & Gazette. Dec. 6, 1856.

FORECRED BY THE INTRODUCTION: of chloroform, though its nature was primary effects. Mr. Holmes admits that pyramia existed be-

Why chloroform only proves fatal in minor operations by its etc., escaped the infection strongly against such an idea. If an epidemic influence pre-

creased mortality has proceeded from an imaginary epidemic, (though, no doubt, it may, as I have said, have been at times aggravated by general influences,) when we have so sufficient a cause as chloroform before our eyes, is hardly a greater mis-

agine that it would have been to attribute to an epidemic excessive mortality which prevailed among Dr. Sangrado's patients in Valladolid.

I trust that this correspondence will now cease. I have no object to defend any of the positions I have laid down con-

nected with this important inquiry; but I am unwilling to

my time and unprofitably occupy the valuable columns of a Medical journal by repeated replies to repeated objec-

tions.

London, Nov. 29, 1856.

JAMES ARNOTT.

UNIVERSITY OF LONDON EXAMINATIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The " Undergraduate," who comes forward as the champion of the present high standard of requirements demanded by the University of London has, I think, some-

what misapprehended the purport of your remarks. I did not understand that you wished the examination lowered to the "grinder" level. There is a very wide difference between the standard that used to be imposed upon the average of undergraduates, and the tests that can easily be attained by the help of a "grinder." A wide margin would be left for the incompetent; while those who had proved their competency would have obtained a degree that conferred dignity. To those who aim still higher, the honours of the University are open.

The " Undergraduate," however, has altogether lost sight of a large class of men who in after-life desire to acquire the honour of a degree from the University of London. These are now effectually excluded from all chance thereof, if they have any engagements demanding the greater share of their time. By elevating the standard so that prizemen or dites only can reach it, these men are compelled to seek their degree at some inferior University. It must be borne in mind that the class to whom I refer includes not merely routine Practitioners, who, having grown grey, would like a dignified relaxation from the duties of general practice, but it embraces many who hold the most distin-

guished positions in the Profession, to be classed with whom is alone and of itself an honour.

Ambitious of its degrees, I should equally with the "Under-

graduates" regret that the University of London should lose the respect and confidence of the public and the Profession. Such a result could not, however, I conceive, follow from placing these within reach of experienced Practitioners, as well as of the dites of the schools. Neither could there be any injustice towards the existing graduates to admit as their equals men whose attainments are attested by an examination adapted to their position; probably, also, by the attainment of prizes in early life, and by subsequent years of hard-earned experience.

The University of London was intended, I should suppose, to be useful as well as ornamental. It is all very well to pride ourselves on the "lustre," and so forth, of our graduates, but we must not forget that it was established in order that the inhabitants or residents of London and its neighbourhoods should enjoy the opportunity of obtaining degrees compatibly with the prosecution of a general practice. Among other advantages of this is perfectly clear that London offered far greater facilities than the other Universities.

For all that has been shown to the contrary, I still submit as greatly extending the usefulness and credit of the University of London were a scale of examination adapted to the opportunities and acquirements of men of some standing in the Profession, who have already passed the ordeals of other examinations.

But are we many who would have prided themselves on such an M.D., who having performed gone northward, keep the alma-mater of their M.D. as quiet as possible, being half-

In England opinions have been as varied as in France. Thus, in the third edition of Mr. Langston Parker's work, which he speaks of the circumstances which particularly indicate the use of mercury in primary syphilis, the Author includes 'all sores which have yielded a characteristic pus-

In support of this opinion he quotes the following as from M. Ricord: 'In

In the Foreign Medical-Chirurgical Review on Infecting and Non-

Infecting Syphilis, by Mr. Henry Lee, and finding in it a passage containing a gross perversion of facts, enunciated as well by Mr. Langston Parker as by myself, I feel called on at the earliest opportunity to expose it.

I say some, for many of them are Guardians of the Poor by deed as well as by name; but I believe that, as Professional men, we need only be careful that our duties are well performed, both by ourselves and representatives; and, to act simply with firmness and moderation, in order to stand perfectly secure in our position, and ensure a victory over the attempts of our enemies. Again: the stipend of a Medical Officer is, in fact, a compact between him and the Guardians, submitted to and accepted by the Poor-Law Commissioners; for them to interfere would be, virtually, to destroy the principle of free trade. In cases of insufficient remuneration the proper course appears to me to be, to submit the appeal against it not only to the Guardians but also to the Poor-Law Commissioners, who, although they " regard not man," may yet be influenced by external pressure to procure some alteration, for the sake of their own convenience. Although a sufficiency of funds is the essence of Mr. Griffin's movement, I have more confidence in this individual representation and assertion of right, than in an appeal to Parliament; for I had better put our own shoulders to the wheel than call upon Jupiter; and it appears that we have more power than we think for.

A POOR-LAW MEDICAL OFFICER.

RICORD ON SYPHILIS AND MERCURY.

[To the Editor of the Medical Times and Gazette.]

Sir,—My attention having been drawn to an original communication in the October number of the British and Foreign Medico-Chirurgical Review on Infecting and Non-

Infecting Syphilis, by Mr. Henry Lee, and finding in it a passage containing a gross perversion of facts, enunciated as well by Mr. Langston Parker as by myself, I feel called on at the earliest opportunity to expose it.

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A POOR-LAW MEDICAL OFFICER.
BOOK NEWS.

The third edition of Dr. Mackenzie’s Outlines of Ophthalmology contains the excellent introductory discourse on the causes which have rendered the eye a separate object of medical study, a large portion of which we published in a recent number. The Outlines themselves are a sort of programme of a most complete Course of Lectures on the Eye and its Diseases, and will be found invaluable to students, to show them what they have to learn, and to enable them to remind themselves what they have to teach. — Mr. Savory has just completed the fifth edition of his well-known Compendium of Domestic Medicine. It is the best book of the kind in the language, and Dr. Snape has assisted Dr. Diamond, the Commissioner of the Surrey Lunatic Asylum, in the improvement of the plates. — Mr. L. Snape has published A Letter to the Committee of Visitors of the Surrey Lunatic Asylum, in which he enters into a full explanation of the circumstances in reference to the case of Daniel Dolley, who died in the Asylum, and whose death has given occasion to so much injury and pecuniary loss to Mr. Snape. It is stated in this letter that the treatment of insanity by the shower-bath and by the bath emetic has been tried in many cases with great success, and the death of the man Dolley is attributed to fatty degeneration of the heart. The injustice of the Lunacy Commissioners in receiving secret and anonymous evidence is very properly exposed, and the conduct of Dr. Diamond, the colleague of Mr. Snape at the Surrey Asylum, is rather severely criticised. This letter ought to be read by all who wish to understand the subject better.

Dr. Alfred Taylor has presented in a separate form his original paper on Hair Colouration, which appeared in the last number of the Edinburgh Hospital Reports, and which we have already noticed in this journal. In its present shape, Dr. Taylor’s version of the late Parkinson’s trial is an important contribution to forensic medicine and toxicology. — In the second edition of Mr. Picken’s Art of Perfumery, the interest in these matters will find a variety of useful receipts for the preparation of perfumes, medicated soap, pomades and oils, hair dyes, depilatories, tooth-powders, and mouth washes. — Mr. Lizars’s Supplement to his Anatomical Plates disappoints us on the whole. There is a want of freedom of drawing, and the general effect is stiff and formal. In some of the plates the details are accurate, but in others the appearances are very different from anything we ever saw in the dissecting room. — Matter, its Forms and Governing Laws, is the title of a little book which will be found very useful to those who have neglected the study of Natural Science and wish to begin it.

GENERAL CORRESPONDENCE.

DR. BRINTON AND DR. LEES.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have no wish to add one word to your remarks of last week respecting Dr. Lees and myself. You have now laid before your readers the substance of parallel passages: and it remains for them to decide whether, in either or both of these, the resemblance may be referred to a casual use of similar language in describing similar facts, or whether that resemblance is sufficiently close and extensive to imply a transcript, such as no man of sense could misunderstand, and no man of honour could justify.

One remark in Dr. Lees’s letter, however, I feel bound to notice, since my answer to it will also explain my conduct in a foregone conclusion. Before closing the correspondence, however, I must be allowed, in a very few words, to protest against some of the unfair assumptions to which Dr. Arnott’s logical difficulties have driven him in his last letter. He assumes that the mortality “has been increased only after the severe operations.” I have endeavoured to convince him that pyrnia has been prevalent not only after severe operations, but after trifling operations, after other minor injuries, sores, etc., and even as an idiopathic disease. He does not seem to be aware of the nature of his own charge against Mr. Arnott’s logical difficulties have driven him in his last letter.

He assumes that the mortality “has been increased only after the severe operations.” I have endeavoured to convince him that pyrnia has been prevalent not only after severe operations, but after trifling operations, after other minor injuries, sores, etc., and even as an idiopathic disease. He does not seem to be aware of the nature of his own charge against Mr. Arnott’s, nor do I think it is fair to his present paper in which nothing of the sort is attempted; and as to explaining
its mode of action, he has merely asserted that this is analogous to that of bleeding, an assertion very improbable a priori, quite unsupported by proof, and which, I think, would still leave it altogether unexplained how either predisposed to pyaemia. With reference to the lithotomy question, if Dr. Arnott had been able to answer the plain question which I put, from the ascertained practice of modern Surgeons, he would have seen that I had not shifted my ground; and if he had had sufficient interest in the matter to have procured the details of the few cases he cited, which, I believe, perfectly accessible, he would, I am convinced, have seen that no chloroform theory was necessary to establish such a " vera causa."

I leave the question between us with confidence to the decision of your readers, satisfied that they will require different facts and reasonings from those adduced by Dr. Arnott, before consenting to give up the most brilliant discovery of Modern Medical Science. I am, &c. T. HOLMES.

ROYAL MEDICAL BENEVOLENT COLLEGE
INCREASED CHARGE FOR EXHIBITIONERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—As it has been ascertained that the next meeting of the Council of the Royal Medical Benevolent College will not be held until Wednesday, the 7th of January, may I request you will give the following notice for this letter in your Journal, as it will much assist the cause. The memorial requesting the Council to convene an Extraordinary General Meeting will be presented on that day. A deputation will attend for that purpose, and also to hold a conference with the Council as to the best course to be pursued in order to bring the matter at issue, if possible, to an amicable termination. It is hoped that the deputation will succeed in obtaining such a statement of accounts, and of the calculations on which the supposed necessity for the increased charge is based, as will enable all parties to form an impartial judgment upon the question. The 117 signatures I enclose have already been appended to the memorial. I am, &c.

W. FRANK WAGSTAFFE (Pro Committee).
Walcot-place West, Kennington, 10th December, 1856.

ON THE DIAGNOSIS OF PRIMARY SYPHILIS REQUIRING MERCURIAL TREATMENT.

[To the Editor of the Medical Times and Gazette.]

Sir,—The last number of the Medical Times and Gazette contains a letter from Mr. Stapleton of Dublin, in which he offers a specimen of his views upon an article of mine in the October number of the British and Foreign Quarterly Review. Mr. Stapleton complains that the facts which he has enunciated have not been fairly represented in the article in question. The quotations therein contained illustrating Mr. Langston Parker's opinions (and to these only my observations refer) are, however, correctly given; and if Mr. Stapleton's meaning is not clear, the fault does not rest with me.

At page 15 of Mr. Langston Parker's work on syphilitic diseases, he says there are several circumstances which particularly indicate the use of mercury in primary syphilis; and under the fourth head, Mr. Parker includes all primary sores which have yielded a characteristic pustule by inoculation. "The indication," he says, "for the employment of mercury is still more pressing if the primary sore be accompanied by bubo." By the unqualified term "bubo" I understand "a swelling in the lymphatic glands from acute or chronic inflammation." Mr. Stapleton says that Mr. Langston Parker here means, "multiple indolent bubo, consequent upon indurated chancre." If he should prove to be the case, it is very desirable that those who read Mr. Parker's widely circulated, and in many respects very valuable work, should be made acquainted with the true meaning of the word; for I have good reason to know that both surgeons and pupils are often in the habit of prescribing mercury for primary syphilitic affections, accompanied by inflammatory bubo, and believe that by so doing they are following Mr. Langston Parker's injunctions.

My answer to Mr. Stapleton, however, is that what he represents as Parker's meaning, upon the face of it, simply not to be the fact. Let us hear the description of a bubo treated by mercury, at p. 68 of Mr. Parker's work on the "Treatment of Syphilis." After a trifling primary affection, in this case, it appeared probable that the bubo would suppurate. The "secondary affections were as large as a turkey's egg, red at the summit, exceedingly painful and tender, and from a feeling of fluctuation given to the finger, it approved, probably, that matter had already formed." Mr. Parker recommended that this patient should use the mercurial baths every other day, and rub in every night half a scruple of mercury.

Again, in all three editions of Mr. Langston Parker's work, he states that it is of great importance that a bubo should not be allowed to suppurate; and that, "unless especially contra-indicated, mercury may be employed to assist the resolution of the tumour." In the face of such assertions as these, upon what authority, I would ask, does Mr. Stapleton say that by the term "bubo," Mr. Langston Parker means the multiple indolent bubo consequent upon indurated chancre? The importance of the subject alone leads me to repeat, in opposition (as it appears to me) to the deservedly high authority of Mr. Parker, that neither the production of a characteristic pustule by inoculation, nor the existence of bubo, is a valid reason for the administration of a mercurial course in primary syphilis.

Some expressions are used by Mr. Stapleton little adapted for scientific inquiry. It must always be regretted that such should be introduced into Professional discussions, and I must be excuse if I refrain from further noticing them. In the mean time, I confine my remarks to the points of scientific interest referred to in Mr. Stapleton's letter, and these have now, I believe, been fully answered.

I am, &c. HENRY LEE.

13, Dyer-street, Piccadilly, Dec. 8, 1856.

THORACIC ANEURISM AND TUBERCLE.

[To the Editor of the Medical Times and Gazette.]

Sir,—In a paper on thoracic aneurism, lately published in the Medical Times and Gazette, by Dr. Fuller, I find the following words: "This symptom," alluding to feeble respiration, "may of course be complicated by the presence of tubercular disease of the lungs, but the co-existence of such diseases with aneurism is rare." In the able work of Dr. Stokes, "On the Diseases of the Heart and Aorta," I find the following words (page 578): "The morbid condition which most often accompanies aneurism, thoracic is that of tubercle." He embraces this opinion, moreover, in his 38th proposition. Thus: "That of the general morbid conditions which accompany aneurism, tubercular phthisis is most common." Being somewhat interested on this point, I should wish to know which of these opinions to adopt. I am, &c.

STANHOPE T. SPEER.
Eton House, Cheltenham, December 5, 1856.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

DECEMBER 2, 1856.

Mr. ARNOTT, President, in the chair.

After some preliminary business, Mr. Hutchinson gave, on behalf of Dr. Wilkes and himself, a report of their examination of Dr. Gibbs's specimen of CANCEROUS SUPRA-RENAL CAPSULE. The mass submitted to them for examination was about the size of an egg, and consisted throughout of very vascular medullary cancer, in various stages of growth and degeneration. Under the microscope, cells of most characteristic features were abundant. No portion of healthy supra-renal gland could be found in the mass. The tuberous mass in the liver was also of similar character. Dr. Gibbs stated that he had, since showing the specimen, himself examined the lumbar glands of the same case, and had found them to be cancerous. He adverted to the fact
circumstances supposed to be connected with the prevalence of the disease.

Dr. Jennerett thought some comparison ought to be made of the circumstance under which cholera spreads at sea and on land. One of the most singular phenomena connected with the disease was the rapidity with which patients occasionally recovered (sometimes in a few minutes), notwithstanding the depressing influences to which they had been subjected.

Colonel Sykes adverted to the varying and diametrically opposite circumstances under which cholera appeared, and the consequent difficulty of arriving at correct conclusions.

Dr. Greenhow stated that, according to an account published by the Admiralty, when the Britannia put out to sea, the severity of the outbreak decreased; and that it was not till the port-holes were closed that the "tornadoes" became pestiferous, which was partly due to the exertions of the patients.

Mr. Tucker cautioned the Society from inferring from certain parts of the paper that fermented cider was other than a good prophylactic in cases of cholera.

The Society then adjourned to November.

CRIMEAN MEDICAL AND SURGICAL SOCIETY.

APRIL 10, 1856.

Sir JOHN HALL, M.D., K.C.B., in the Chair.

The proceedings of the last meeting having been read by the Secretary, Dr. Mouat, C.B., Deputy-Dean-General, gave the following observations on some points connected with the use of chloroform in military practice. The author commenced by stating, "The subject of the administration of chloroform is a well-known, shock or depression following severe gun-shot injuries, is one, from its nature and the peculiar interest it possesses at the present time, that requires no apology for its introduction, and appears to me to be a fit and proper one for discussion in this Society. The Professor became home naturally to look to the Medical Officers of this Army to contribute their mite of practical experience towards the settlement of this important and disputed question; but I much fear they will be somewhat disappointed in the results and conclusions arrived at. Great and grave doubts are beginning to arise in the minds of some unprejudiced practical Surgeons and thinking observers at home and abroad, as to the indiscriminate use of this powerful anæsthetic; so tempting to the sufferer, yet at times so fraught with danger and uncertainty in its results, that I defy the most strenuous advocates for its employment to say, a priori, what its results may prove in any given case; in other words, to say distinctly what fixed laws it invariably follows, if any. The fatal cases, unfortunately, from the simple extraction of a tooth, or removal of a finger, to any given case; in other words, to say distinctly what fixed conclusions arrived at.

Dr. Snow's practice—at least a very large proportion of it—I have been informed, has occurred in Dental Surgery; at all events, not in gunshot wounds; and no one, I am sure, will attempt to compare the shock of the extraction of a tooth, or ordinary Surgical operation, to the amputation of a limb close to the trunk. The first case in which I saw chloroform administered in this war was one peculiarly adapted to test this question. It was on the day of the memorable and bloody battle of Inkermann, and the patient was an officer, 29 years of age; the injury was a compound comminuted fracture of the femur near its neck, with injury to the blood-vessels and nerves; much blood had been lost on the field. I need hardly say, after this explanation, what the operation was. Several hours were allowed to elapse after the receipt of the wound, and reaction, with the aid of stimulants, had taken place; the patient was in great pain, most anxious and desirous to be moved; and amounted to about 2 drachms. He was rapidly and easily affected, and was neither sick nor convulsed. The operation was performed by Mr. Wyatt with the aid of stimulants, and the loss of blood was inconsiderable; but I regret to say the sufferer died somewhat suddenly after, notwithstanding all attempts at artificial respiration, the cold douche, etc. Some persons present entertained the opinion that he perished from the effects of chloroform. My own opinion was, that he died under the combined influence of shock and the depressing effects of the chloroform inhalation. It is worthy of remark, that the patient had previously been put slightly under the influence of chloroform in order to examine the degree of his injury, as he would not submit without; and no harm resulted. This is case No. 1, and cannot, therefore, be explained under the convenient term of idiosyncrasy. Great weight is, undoubtedly, due to the opinion of so experienced and talented an operator as Professor Syme; but I much doubt if even this distinguished Surgeon has had any experience in injuries of the peculiar nature we are now about to discuss (notwithstanding the opinion of most civil Surgeons as to there being no essential difference between gun-shot and railway injuries). I am fully aware that I am standing on dangerous ground in provoking many antagonists, to say nothing of public opinion, for this appears to have become a popular and as a professional question. No one can yet have forgotten the storm of abuse, indignation, and misrepresentation, with which a certain memorable departmental order on this matter was received. Even the Sebastopol Committee, in their anxiety to saddle somebody on the方便 of arriving at correct conclusions, to coi;
the surgery of this war, the next instance to which I shall
refer was a case of destructive injury to the bone and soft
parts of the arm from the small arms fire. The left leg of the
patient was wounded by a round shot during the second bombardment; the knee-
joint was smashed, and the femur fractured high up; the
muscles and integuments of the opposite thigh were likewise
lacerated. The patient was a remarkably fine, muscular
young man, in good health. The shock had been very great,
from the extensive injuries and loss of blood, and perfect re-
action had been established. He was calm, collected, and
anxious for the operation under the influence of chloroform,
which was administered, and he was easily influenced. I then proceeded to amputate the thigh at its upper third, by the flip operation. About the average quan-
tity of blood lost was 2 pounds, and it was pretty close to the trochanter. The patient regained his
senses for a short time, complained of precordial oppression
which was administered carefully, and in the usual manner,
by Dr. Bleckly, of the 14th Regiment, and he was easily
influenced. I then proceeded to amputate the thigh at its middle third, and the
patient to go through the operation. For his opinion,
who compressed the femoral artery at the groin, and who, I
entertain the highest respect; but it appears to me to be a
good example of the shock of a severe gun-shot injury, in which the deep after-effects of chloroform were removed from.

As an instance of what may be done in such cases without chloroform, I may here state, that Dr. Gordon,
Deputy Inspector-General of 2nd Division, successfully re-
covered from the inhalation of half-a-drachm of chloroform adminis-
tered by myself; the operation was ultimately performed with-
out the earnest solicitation of the patient, who nearly lost his life
in consequence of the hemorrhage; so that the man might, in a certain sense, be said to be under shock.

Chloroform to the extent of one draught only was administered, the operation was rapidly executed, and an un-
usually small quantity of blood lost. He did not, however,
rally from the effects of chloroform, vomited a fluid of the
appearance of coffee grounds, and gradually sank. Artificial
respiration, the cold douche, etc., failed to restore animation.

Staff-Surgeon Matthews remarks, that he never at any time
rallied sufficiently in about two hours, under pow-
erful anesthetic that may so sud-

1. Is the administration of chloroform, in the severe depres-
sion consequent on large gun-shot injuries, fraught with
danger?

2. Are we justified, in a moral point of view, in giving a
dangerous remedy for such trifling operations as the removal
of a finger or toe, or the extraction of teeth, or bullets lying
near the surface?

3. Are we justified, in a moral point of view, in giving a
dangerous remedy for such trifling operations as the removal
of a finger or toe, or the extraction of teeth, or bullets lying
near the surface?

4. Are we justified, in a moral point of view, in giving a
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of a finger or toe, or the extraction of teeth, or bullets lying
near the surface?
MR. MARSON'S PETITION.

TO THE HOUSES OF COMMONS ON THE VACCINATION BILL, 1856.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,

The Petition of James Furness Marson respectfully showeth that:

Your Petitioner is a duly qualified Medical man, and has for upwards of twenty years the Resident-Surgeon of the Small-Pox and Vaccination Hospital, London; which cases were individually and carefully recorded in the Hospital register at the time of their occurrence, and the general result of which he has embodied and communicated to the Profession, in the XXVth Volume of the Transactions of the Royal Medical and Chirurgical Society of London.

As an example of what can be done by efficient vaccination, your Petitioner having had frequent opportunities of judging from the vaccine cicatrices on the arms of seamen from this country, destroying, as was before stated, 35 per cent. of those attacked by it.

Your Petitioner having had, and has still, great cause to regret the suffering, disfigurement, and mortality produced by small-pox, nearly the whole of which might be, in his opinion, prevented by carefully conducted vaccination.

The mortality from small-pox in the unvaccinated, of cases taken generally, is 35 per cent.; but of children under 5 years of age, it is 40 per cent. And of those who recover, a great many suffer permanent disfiguration; some loss of sight, and others have their general health greatly damaged.

The mortality, on the contrary, among the vaccinated, attacked by small-pox, is 7 per cent., taken generally. But among what may be characterised as the badly-vaccinated it is 15 per cent. among those, on the other hand, who may be considered to have been well-vaccinated,—that is to say, who have four or more good vaccine cicatrices,—the mortality is less than 1 per cent. Thus, the necessity of carefully conducted vaccination is rendered strikingly manifest by the mortality of 15 per cent. in the badly-vaccinated, and only ½ of 1 per cent. in the well-vaccinated, when attacked by small-pox.

Among children under 14 years of age who have been vaccinated, it hardly ever proves fatal.

It should, however, be remembered that no authorised system of vaccination has been established in England. All persons,—Medical men, clergymen, amateurs, druggists, old women, midwives, &c.—are allowed to vaccinate in any way he or she may think proper, and the persons operated on are considered to have been vaccinated. The consequence of this want of arrangement is, that there has been, and is, a great deal of very inefficient, almost useless, vaccination performed in England.

These facts have been ascertained by your petitioner from a minute examination and classification of the cases of small-pox that have come under his notice at the Small-Pox and Vaccination Hospital, London; which cases were individually carefully recorded in the Hospital register at the time of their occurrence, and the general result of which he has embodied and communicated to the Profession, in the XXVth Volume of the Transactions of the Royal Medical and Chirurgical Society of London.

As an example of what can be done by efficient vaccination, your Petitioner begs to state, that not one of the nurses or servants of the Small-Pox Hospital has had small-pox for the last twenty years. They have all been either vaccinated or re-vaccinated, on coming to live at the Hospital.

Nearly all the junior members of the educated classes in this country have, for many years past, been vaccinated, almost without exception. What the educated classes have adopted by choice, after mature deliberation, can hardly, by the most perverted reasoning, be considered improper for the masses and uniform to its adoption, for it is understood that the latter themselves would most likely also adopt, by choice, if they were educated, and a little higher in the scale of society.

As the law now stands, it can hardly be considered just, individually, to the lower classes themselves. They are not obliged to be vaccinated, but they are not allowed to be inoculated, lest they should propagate small-pox, as they undoubtedly would by inoculation; so that if they do not choose to adopt vaccination, they are left to take small-pox in the natural way; this they almost certainly do take, sooner or later, and small-pox in the unvaccinated is one of the most fatal diseases in this country, destroying, as was before stated, 35 per cent. of those attacked by it.

Your Petitioner has also, in the same period, vaccinated upwards of 40,000 persons, and he is desirous of stating that he has never seen any evil results traceable to vaccination, with the exception of a single instance, in which measles occurred at the same time, and four or five examples of rather severely sore arms, arising from lymph recently taken from the cow. He has never seen other disease communicated with the vaccine disease, nor does he believe in the popular reports that they ever are so communicated. If such results were really true, as stated, and formed part of judiciously conducted vaccination, they must have come under the observation of your Petitioner in vaccinating upwards of 40,000 persons.

Vaccination is performed generally at an early age; parents are unwilling to believe that there is anything constitutionally wrong in their offspring; and, when other diseases follow, vaccination gets blamed for what is really and truly due to other causes, as may be seen in those who have never been vaccinated.

Your Petitioner has had, and has still, great cause to regret the suffering, disfigurement, and mortality produced by small-pox, nearly the whole of which might be, in his opinion, prevented by carefully conducted vaccination.

The mortality from small-pox in the unvaccinated, of cases taken generally, is 35 per cent.; but of children under 5 years of age, it is 40 per cent. And of those who recover, a great many suffer permanent disfiguration; some loss of sight, and others have their general health greatly damaged.

The mortality, on the contrary, among the vaccinated, attacked by small-pox, is 7 per cent., taken generally. But among what may be characterised as the badly-vaccinated it is 15 per cent. among those, on the other hand, who may be considered to have been well-vaccinated,—that is to say, who have four or more good vaccine cicatrices,—the mortality is less than 1 per cent. Thus, the necessity of carefully conducted vaccination is rendered strikingly manifest by the mortality of 15 per cent. in the badly-vaccinated, and only ½ of 1 per cent. in the well-vaccinated, when attacked by small-pox.

In the badly-vaccinated who recover from small-pox, they may suffer permanent disfiguration, and may be looked upon as a very serious evil, more especially to the female sex.

Among children under 14 years of age who have been vaccinated, it hardly ever proves fatal.
POISONING BY STRYCHNIA.

Variously been resorted to, agreeably to the decided recommendation of my friends Mr. Cline and Sir Astley Cooper. It seems to me only a hasty diffidence to desist from adopting a practice when not corresponding with such great authority.

I beg to narrate a case which has recently occurred to me. A Thatcher, 52 years old, residing at Shenfield an adjoining parish, fell with great force from his cart. I was with him in less than an hour. He was expressing a sense of great pain in his limb, the limb was shortened and immovable, the toe resting on its fellow, and though a healthy, not being a muscular man, the head of the femur was clearly traceable upon the dorsum of the limb, leaving no doubt as to the nature of the injury. Not having the necessary "armamenta" with me, I at once adopted the plan, first and successfully recommended by Mr. Cock, reported in the Medical Times and Gazette, June 1855. The man lying on the bed, on his back, I placed his right knee across my shoulder, flexed the limb upon the pelvis, bending it a little outwards, an assistant rotating it at the same moment; in less than a minute the reduction was effected with a loud snap. Some tumefaction remains, but otherwise my patient is quite as well as can be expected.

I am, &c. Cornelius Butler, F.R.C.S.

Brentwood, Essex, Aug. 30, 1856.

CHOLERA AT STOCKHOLM.—There had been no new case of cholera within the past week, and it is hoped that the epidemic has totally ceased.

Sir John Hall, M.D., K.C.B., in the Chair.

Sir John Ross.—Many of our readers will hear with regret that this gallant Arctic Voyager died on Saturday last, aged 76.

Dr. Taylor, C.B., considered that the paper which had just been read must disturb the confidence with which we had been in the habit of administering chloroform in all cases of operation. If he understood Dr. Mouat's paper, the author conceived that there were secondary as well as primary or immediate risks attending its use. The cases adduced did not seem to him to bear out that view. What had been regarded in these instances as secondary fatal effects of the anaesthetic agent appeared to him (Dr. Taylor) rather as the consequences of severe operations, superadded to extensive injuries. He had not heard of direct fatal effects from chloroform in any of the severer forms of injury of gunshot wounds; on the other hand, he could not say that in this class of cases, he was convinced of any supporting power in the use of chloroform; and this, he believed, was the question mooted by Mr. Guthrie. As there was a remote risk of fatal effects from chloroform, of the primary or immediate kind, Dr. Taylor did not think it advisable to administer chloroform for the auxiliary purposes, as the extraction of bullets, teeth, and the amputation of lacerated fingers. It was, too, just in this class of cases that fatal consequences had been more frequently found to occur. The careful never generally insisted on by writers on the administration of chloroform, was the necessity of the fully recumbent position. Dr. Snow did not appear to have noticed this point; but Mr. Syme particularly dwells upon the necessity of it in all cases, however trifling their nature. It was curious that one fatal case in this Army occurred, in which chloroform had been administered to the patient in a sitting position, or, rather, merely reclining. Dr. Taylor thought that abundance of fresh air was a great essential; and he had observed during this war, that the chloroform took effect more beneficently in cases operated on in the open air.

Dr. Ball confessed himself a great advocate for the use of chloroform; and was well acquainted with its inventor. He had never seen a fatal case under its use in Edinburgh, where he had seen it employed for many severe operations; also at Glasgow. A statistical table would be of advantage. As to the use of chloroform during this war, much, of course, depended upon its purity; and the manner of using it is most important. He would have no hesitation in using it in any case, even if organic disease should exist.

Mr. Wyatt considered that chloroform was a powerful agent for good or evil, according as its use was confined to particular cases adapted to its use; but how could these be ascertained beforehand? He must premise his observations by saying that he believed there were certain general conditions of systemic when chloroform was a very valuable and powerful agent. He more particularly alluded to those severe cases of injury requiring prompt and immediate amputation, after and action in the field, when it was most important that a speedy reaction should be fully and promptly established. From what he had seen, he must confess that the result of his experience during this war led him to hesitate before admitting himself an advocate for the indiscriminate use of chloroform, and believing conscientiously that there was a remote risk attending its use, he never took upon himself the initiative.
of recommending it to a patient. He had witnessed, both in civil and military practice, some unfortunate results, which must undoubtedly be attributed to skilful people; but, of course, unless positive causes for the prohibition of its use exist, it is the duty of the Surgeon to consider the patient's importunities to be satisfied, but, until convinced to the contrary, he should still hold the opinion that it was not a remedy to be used indiscriminately in the severer injuries on the field. The remarks of Dr. Taylor respecting position, and the necessity of ventilation, were most true and practical. Considering that deaths from asphyxia, during the war, had been more than usually frequent after amputations, he would throw out the suggestion, whether the frequent— he would almost say, the indiscriminate—use of chloroform could, in any way be connected with the results stated.

Dr. McLeod would be sorry if the statements which had been made on the use of anesthesia in Military Surgery should go forth to the world; as he believed them to be neither correct, nor in unison with the opinions of the majority of Army Surgeons. He did not think there was any truth in the peculiar gunshot wounds, which made the exhibition of chloroform in them not as admissible as after the severe machinery and railway accidents of civil life, where its use was universally allowed to be so beneficial. Dr. Mouat had fallen into an error in saying, that Dr. Simpson's experience and the statistics he furnishes refer solely to obstetric medicine. Dr. Simpson published a paper in answer to the question, whether the use of chloroform in obstetrical and minor operations, basing his judgements on the results of amputations of the thigh, leg, and arm, in thirty of the chief British Hospitals, and he has shown, that the lives of 6 persons in every 100 submitted to these operations have been directly saved by the use of anesthesia. In the case of thigh amputations alone, he also shows that a large diminution of the mortality has resulted. Dr. McLeod did not think that death was justly due to the chloroform in the few cases recorded by Dr. Mouat, who had spoken of an immediate and remote danger from the use of chloroform. He showed the propriety of observing how death threatened, and he believed that it was the custom of all debating societies to adhere strictly to the question at issue. In the present instance, just what he had anticipated had occurred. The real question had been lost sight of, and had merged into that of the administration of chloroform generally. Dr. Williams thought they had wandered from the subject of Army Surgeons. He did not think there was anything dependent of other considerations, it was impossible to determine that they operated under shock. Some members of the Society had quite misapprehended his lecture, which was, that we did not know how to administer chloroform, and he must, therefore, again refer to the paper, which distinctly stated that it was administered in the usual way—in the recumbent posture, and with all the necessary precautions enjoined. The subject of the primary and secondary fatal cases had been alluded to, and he thought that the first part of the question could not be disputed: patients did sometimes die under the influence of chloroform; he had adduced three or four cases which could not have had contrary effects. He considered that they operated under shock. Dr. Mouat begged to reply. He believed that it was the custom of Army Surgeons to operate during shock, the objections to the use of chloroform at that period fell to the ground. Dr. Jessop alluded to a letter of Dr. Kidd in the Medical Times & Gazette of June 5, showing the safety of chloroform in gunshot wounds. Dr. Robinson had performed twelve capital operations under the influence of chloroform, with only one immediately fatal result; and he had very frequently used it himself in minor operations.

Dr. Crawford thought that the heading of Dr. Mouat's paper should be changed, or it would lead the Medical public to suppose that they operated under shock. Dr. Thornton has used chloroform many times, and seen it employed many times without any fatal result. He did not think that pyemia is ever induced; but that the special fatal termination alluded to by Mr. Wyatt depended more on the general scrofulous constitution of the men. Dr. Mouat begged to reply. He believed that it was the custom of all debating societies to adhere strictly to the question at issue.
medical question, on being reminded of it, he should be per-
fectly ready to do so.
Dr. Jessop thought that the amputation of a finger was a
profitable process, and required the administration of chloroform
equally with amputation of the leg, and should by no means
be considered one of the minor operations.
Dr. Hume proposed that the meeting should be adjourned,
when no further business was pending, giving notice that the subject might be again
discussed.
Dr. Rogers proposed, and Dr. Williams seconded, a vote of
thanks to the author.

APOTHECARIES’ HALL OF IRELAND.

The following Circular has been addressed to their Licentiates
by the above Corporation:—

Apothecaries’ Hall, Dublin, August 29th, 1856.

Dear Sir,—A demand having been made by the Government
for an authentic list of the qualified Apothecaries in Ireland,
for the purpose of enforcing the law against all persons who are
found acting in that capacity without "the Licence" of
the Hall, the Governor and Council transmit herewith a copy
of their last published List, and request that you will be so
good as to assist in its correction, by returning to their Secre-
try the names, residences, titles, and appointments, in full,
of all the persons who are practising as Apothecaries in your
district, in order that your return may be compared with the
Registry, and duly certified for publication.

The Governor and Council desire to avail themselves of
the present occasion earnestly to impress on their Licentiates the
importance of making use of every precaution in keeping
and vending Poisonous Agents, so that all mistakes and
casualties from these sources may be guarded against; and
they therefore recommend, that all agents of this description
be kept distinct and apart from other medicines, each having
in addition to its special label, the word "poison" or "cave
affixed to it; and also, that no one of them be sold to the
public, except as ingredients in Medical prescriptions, without
a knowledge of the purchaser, and without obtaining his or
her signature and address in a book to be kept for that
purpose.

The Governor and Council wish, at the same time, to direct
the attention of their members to the subject of the adultera-
tion of medicines, as revealed in the late Parliamentary
inquiry, and to urge upon them the necessity of submitting
to careful analysis such commercial articles as are liable to be
sophisticated; so that the purity and efficiency of all drugs
and preparations used in dispensing may be secured; and with
the request, that the particulars of this communication be
made known to all Apothecaries in your neighbourhood.
I am certain, dear Sir, your very obedient servant,
CHARLES HENRY LEET, Secretary.

MEDICAL NEWS.

APOTHECARIES’ HALL.—Names of gentlemen who passed
their examination in the science and practice of Medicine, and
received certificates to practise, on Thursday, August 28,
1856:—

DAVID, J. W., Blackwood, near Newport, Montgomerys.
BAX, WILLIAM, Borrowash, near Derby.
OLIVERT, HUGH PENGILLY, Myton, near Falmouth.
MEADOWS, ALFRED, Ipswich.
RICHARDS, DAVID, Llandovery, S.W.

DEATH.

SPROUT.—Aug. 28, at Rockville, near Kirkcudbright, N.B.,
Dr. John Sprout, for many years in practice in Melbourne,
Australia.

TOMLINSON.—Aug. 27, at Foley-place, Regent-street,
James Francis Tomlinson, Esq., Surgeon, Maidon, Essex,
aged 62 years.

M. DE HUMBOLDT, it is expected, will preside at the
Congress of Naturalists and Physicians which is to meet at
Vienna from the 16th to the 23rd of this month. Upwards of
4000 names are already given in, as signifying attendance.

DEATH OF MR. YARRELL.—Mr. Edward Jesse, noticing
this melancholy event, which occurred suddenly at Great Yar-
rell, on the 1st instant, wrote:—"Mr. Yarrell, as is well
known, was one of our best naturalists. This was shown in
his beautiful works on British birds and British fishes, and in
several valuable and interesting papers in the Transactions of
the Linnean and Zoological Societies." Mr. Yarrell, as an
ichthyologist, in conjunction with Mr. Jesse, solved the pro-
blem which had perplexed naturalists from the days of Pliny,
as to the history of the eel. He clearly proved that they
were oviparous, had scales, and bred in the brackish water at the mouths of the river.
Mr. Yarrell was in his 72nd year.

The honorary degree of M.D. has just been conferred by the
University of New York, U.S., upon Dr. Stanhope Templeman Speer, of Cheltenham.

SMALL-POX IN SCOTLAND.—This disease is on the increase
in Aberdeen, Edinburgh, and Paisley, having caused 10 per
cent. of the deaths in Aberdeen, 41 per cent. in Edinburgh,
and 5 per cent. in Paisley.

INFANTILE MORTALITY.—Mr. Wilson, the Registrar of the
Sub-District of St. John, Marylebone, writes to the Re-
gistrar-General as follows:—"Four of the cases in the present return are deaths of infants not more than four months old,
from want of breastmilk, marasmus, and diarrhoea; and I have
frequently met with cases of a similar nature in the course of my duty as Registrar. They relate to children who
are often put out to nurse at a very early age, and are
shortly afterwards. In all the instances of this week and
most previous ones the parents are represented to be domestic
servants; in one case, though married, they lived with differ-
cent families, and passed for unmarried. Sometimes the child
is put away that the mother may go as wet nurse, at others
that she may return to service. There are in most neighbour-
hoods (particularly suburban ones) poor people who make it
an occupation to take charge of such children, their object
being to derive a profit from the small weekly allowance given with them. These payments, as may be
supposed, are often made irregularly; the infant, in some
cases which I have known, is entirely abandoned, and, after
much suffering, is taken to the workhouse; in others being
deprived of natural nourishment, and ill supplied with any
substitute, it becomes the victim of some infantile disease
which is assigned in the Medical Certificate as the primary,
when in reality it is the secondary, cause of death. I believe
that this fatal termination in some cases which I have noticed
was the result anticipated, and even desired, by the parent;
but in others I am certain it could be avoided, if some means
could be contrived by which such infants could be well
nursed at a reasonable and proper care and at a moderate expense. My opinion on this
matter is shared by other Registrars of this District; and a
case which has appeared in the newspapers for this week,
and which I beg to enclose, cannot fail to make the fatal results
from such causes are not uncommon elsewhere."

MORTALITY IN SCOTLAND.—The following is the Monthly
Return of Births and Deaths in eight principal towns of Scot-
land for July:—During the month of July there were regis-
tered in the eight principal towns of Scotland 2658 births, of
which 1371 were males, and 1287 females; 1706 deaths, of
which 858 were males, and 858 females. Allowing for increase
of population, this would give at the rate of one birth annually in
27, and one death in every 41. Of the 1766 deaths in 1856, or 47 per cent., were under five years of age. The pro-
portion of deaths under five years of age in the different
towns was, in Perth, 27 per cent.; in Aberdeen, 34; in Edin-
burgh, Paisley, and Greenock, each 42; in Leith, 50; in
Glasgow, 51, and in Dundee, 58. The deaths from the sym-
tomatic class of diseases amounted, in the eight towns, to
478; thus constituting 28 per cent. of the total mortality.
The proportion of deaths from that class in the eight towns was, in Perth, only 13 per cent. of the total
mortality; in Glasgow, 24 per cent.; in Aberdeen and Paisley,
each 25; in Edinburgh, 28; in Dundee, 32; in Greenock,
24; in Leith, 44 per cent.

MORTALITY NOTABILIA.—The present return shows a
continued improvement in the public health. In the three
previous weeks the deaths registered in London were 1253, 1292, and 1122; last week they were 1088. The present rate of
mortality is very near the average rate of corresponding
weeks in ten previous years. The deaths caused by diarrhoea,