different names used in Germany, and France, and England, and the still greater diversity of application of the same names. Anthrax is properly the synonym of charbon; and both these names should, strictly speaking, be confined to the external form, synonymous with our "malignant pustule", or "malignant carbuncle". To the fact that Cohn renamed the "bacteridium" of Davaine, *Bacillus Anthracis*, is due the very common application of the name anthrax to the generalised as distinguished from the local affection. It is a pity that we cannot devise some less objectionable names, but it is probably too late to do so.

To return to the experiments. They should read thus: MM. Arloing, Cornevin, and Thomas were investigating a form of "charbon externe", which is identical with the disease known in England as "quarter evil", or "black quarter", as is evident from the description which they give. This they distinguish from *mal de rate*, or "splenic fever", which is generalised symptomatic anthrax, often without any localised external lesion.

May I also add that the results of these experiments have been anticipated by my own experiments on the same disease, made last year, some of which I described in my lectures at the University of London, and have been published in the journal of the Royal Agricultural Society. Some further observations on the microscopic organism concerned in the disease await publication. The experiments of MM. Arloing, Cornevin, and Thomas were apparently almost identical in method, and, so far as can be judged from the details which they have yet published, in results also, with my own, and confirm the complete separation of this disease from true charbon or anthrax, and from the *adénie malin* of French writers.—With apologies for occupying so much of your space, yours faithfully,

Brown Institute. W. S. GREENFIELD, M.D.

WARNING TO TRAVELLERS.

SIR,—As Meiringen, near Brienz, is a favourite summer resort with many English travellers, I hasten to inform you that at the present moment typhoid fever is still raging there, and has been raging there for some time in a virulent form. The authorities have converted the school house into a fever hospital, and three medical men have come over from Berne to assist the medical men of Meiringen. The outbreak of fever has been traced to impure drinking water.

This communication may be all the more necessary, as I find that not only the people at Meiringen, but also inhabitants of the neighbourhood, try, for obvious reasons, to conceal the true state of things. Please communicate the above to the daily papers.—I am, sir, your obedient servant, A TRAVELLER.

Lucern, July 6th, 1880.

THORACENTESIS, DRAINAGE, AND ANTISEPTICS.

SIR,—I had not the good fortune to hear the discussion on paracentesis and drainage of suppurating cavities within the chest, which took place at the Royal Medical and Chirurgical Society on June 8, but should like to offer a few remarks on this subject. The question of incising a basic cavity in the lung presented itself to me three years ago in the case of a little boy 13 years old, under my care at Victoria Park Hospital. The boy had a dull airless patch at the base of his right lung. When laid on the bed, with his head low, a violent paroxysm of cough came on, with a copious discharge of yellow fetid pus, mixed often with blood; and after the completion of this performance, loud gurglings were heard on listening over the hitherto airless base of the right lung. The sounds seemed deep, and not superficial, and for this reason I was averse to any operation. The house physician, Mr. Bark, took care to invert the lad every morning, and by attention to this the cavity was by degrees emptied so completely that contraction of the chest-wall took place, the gurgling sounds were no longer heard, and the boy left the hospital to all appearance well. He subsequently had a temporary relapse, in consequence of a bad cold, caught from bathing. Shortly before my patient was admitted, Mr. Bark told me of a similar case that had been under Dr. Andrew, which resulted in a complete recovery. It appears to me, therefore, worth while to try in a young patient how far we can empty a basic collection of pus by changing the position before proceeding to incise the chest.

With regard to the practical observations of the President, Mr. Erichsen, as to paracentesis and drainage, I am sure from what I have observed of the progress made in cases where the thorax has been incised that the very first thing is efficient drainage. If drainage be complete, washing out is not necessary, and the risks attending upon this business, which, from what I have heard, are by no means imaginary, are avoided. Eighteen months ago I saw a case of empyema of the right side of the chest with Mr. Bullock, of Isleworth, and we decided at once to incise the chest, and put in a short tube, after having once aspirated the chest on January 18th. On February 4th, Mr. Alderton gave chloroform, and Mr. Bullock made a free incision of the fifth right interspace, posterior to the axillary line. There was no hæmorrhage; a short tube of the form used by obstetricians was pushed in on a probe, and as on removal of the probe the tube bulged at its extremity, there was no fear of its being forced out. There was no washing out of the chest; the discharge only once threatened to become fetid, and made us consider the question of a second opening, and on March 12 the tube was withdrawn, after which a steady recovery followed. The lung expanded well; there was no deformity of chest, and two months ago I saw the young man riding on a bicycle in perfect health.

In the case just related every practical detail was carried on, always under a carbolic spray, and the amount of carbolised gauze consumed was enormous. From experience of this, and another case a short time previously, I do believe most firmly in the value of the antiseptic method, and would say, never meddle with a chest-wound unless a carbolic spray surrounds it.

Only lately I had been considering whether some less dangerous instrument than the scalpel could be contrived for opening the way for the thoracic tube. I have never seen serious bleeding, but have had a case come to my knowledge in which the very skilful surgeon who operated told me that there was such free bleeding as to necessitate plugging the wound. Very recently, in the case of a child at the West London Hospital with a fistulous opening, leading to an empyema, my surgical colleague, Mr. Swinford Edwards, adopted the plan of forcing open the fistulous tract by forceps, and then with ease a tube was inserted.—Obediently yours, JOHN C. THOROWGOOD.

Welbeck Street, W., June 19th, 1880.

SUGGESTIONS RESPECTING A MEDICAL AND SURGICAL BED-DRESS.

SIR,—The requirements of medical and surgical practice often necessitate the change of body-clothes, under circumstances which render it all important that the patient should be moved or disturbed as little as possible. It may be necessary to avoid fatigue, alteration of posture, or some allied condition; and in such cases the form of bed-dress suggested may prove of service. The idea has been carried out by Mr. Goode of 50, Praed Street, Paddington, and he has in stock samples for inspection.

The original principle suggested by me was to substitute buttons along the front and back and down the seams of the sleeves, in lieu of the usual plan of placing buttons at the top in front and at the wrist-bands only. By the above method the dress, or any part of it, can be readily opened for purposes of inspection, auscultation, the application of poultices, remedies, etc., without disturbing or raising the patient. If need be, the dress can be practically divided into two halves, for removal or reapplication with the least possible difficulty. Various modifications of the ordinary long-cloth material can be employed—such as long-cloth lined with flannel, or flannel substituted for the long-cloth; or any part can be lined with mackintosh to meet the requirements of medical or surgical practice. Mr. Goode is prepared to apply such alterations as any individual practitioner may wish to the original principle.

Should bed-sores threaten, the buttons can be altered and placed at the sides instead of at the front and back; or, if preferred, removed altogether, and tapes or elastic substituted.—I am, etc.,

H. CRIPPS LAWRENCE, L.R.C.P.Lond., etc.

THE STATE OF THE HEART IN DEATH FROM CHLOROFORM.

SIR,—It must have occurred to readers of the reports of the deaths from chloroform, that only one thickness of lint and only a small quantity of chloroform are required to send a man in search of a 'fatty heart', which to do him justice he generally finds to the juries' satisfaction. Men should try the Scotch method, and use four thicknesses of towel, and let the heart and pulse alone, both before and at the time of administration, and regard only the breathing and the colour of the face, which they can easily do by keeping the towels quite away from the face, by looping it under the chin of the patient when it stands away at right angles to the face. By this method I have given it hnndreds of times under all conditions of heart and lung disease: in extreme old age—one a case of 97 years—in extreme youth, in pregnancy at term, to a man whose normal pulse (?) was 28 per minute in health (?) and without the shadow of an accident. There is no condition whatever under which I have as yet hesitated to give it. If people