you will allow, as, only a year ago, many writers spoke of ether as if it was perfectly safe; whereas now we have a report of four deaths from it in 1881.

Trusting that the importance of the subject will be sufficient apology for taking up your valuable time,—I am, sir, yours, etc.,

JOHN WOODMAN, F.R.C.S. (by Exam.), Consulting Surgeon to the Exeter Dispensary, etc.

2, Chichester Place, Exeter, February 20th, 1882.

DEATHS FROM CHLOROFORM.

SIR,—I protest most strongly against what appears to me to be the unscientific manner in which this question is from time to time dealt with, both editorially and by some of your correspondents. The tendency is to put down all deaths occurring during or shortly after the administration of chloroform, as deaths from chloroform, and even to stigmatize those who administer this agent nowadays with a fatal result, as almost guilty of manslaughter. Is this fair? Is it scientific? I am not prejudiced in favour of either agent; I use both, ether perhaps more frequently than chloroform; but before the chloroformists are so utterly condemned, let us have it clearly proved that ether is safe, or practically so. Dr. Jacob's letter in last week's JOURNAL is instructive on this point. He gives a list of nine cases, headed "deaths from chloroform." In three there are no particulars, another died a quarter of an hour after recovering sensibility, and No. 3 was a removal of an uterine tumour. I think it is quite as fair to put down the death as resulting from the shock of the operation as from chloroform. Dr. Jacob then gives four "deaths from ether." What is the relative frequency of administration of these agents in this country? I should not think nine to four represented it by any means.

Then again, was not the administration of ether at one time given up in favour of chloroform?—Yours, etc., ALFRED SHEEN.

Cardiff, February 21st, 1882.

DEATH FROM ANÆSTHETICS.

SIR,—In your last week's JOURNAL was published a list of deaths from the action of chloroform and ether, by Dr. E. H. Jacob, of Leeds.

Among the deaths attributed to the action of the latter anæsthetic, is quoted one that occurred at this hospital. I think it right to state that here the death could not be traced to the direct action of ether. No distinct medical account of this case has been published, but I may now shortly state that the patient was suffering from a vascular malignant tumour of the upper jaw, which necessitated the partial removal of that bone. Any person accustomed to these operations must know that the difficulty of preventing blood from flowing down the trachea, in a patient rendered fully insensible, is very great. So vascular was the tumour in this case, and so profuse the bleeding from the necessary incisions, that I fully believe no other anæsthetic would have prevented the untoward result. At the *post mortem* examination the bronchi were filled with clotted blood, and no doubt this was the direct cause of fatal asphyxia. The mediastinal deposits were not sufficiently extensive to seriously hamper the respiratory movements.

The inhalation of ether indeed favoured venous congestion of the parts, so increasing the hæmorrhage, and possibly this might have been obviated by the selection of another agent. It seems to me quite fair that this case should be excluded from the list of deaths from ether; and my sole object in writing, is to prevent it from swelling any statistical table of the future without explanatory details, and so breeding mistrust in what is certainly the most safe and valuable anæsthetic now known.

A. MARMADUKE SHEILD, M.R.C.S., L.R.C.P., House-Surgeon, Addenbrooke's Hospital.

Cambridge, February 21st, 1882.

RETREAT FOR DIPSOMANIACS.

SIR,—Permit me to draw attention to the claims of the Spelthorne Sanatorium for Female Inebriates at Feltham, Middlesex. This institution which, from standing in four acres of ground, is peculiarly adapted for its purposes, has done not a little good in reclaiming female drunkards. No intoxicating stimulants are administered to the patients. The management has sustained a severe loss by the death of Miss Antrobus, the late hon. sec., and I regret to say that there are many vacancies for lack of funds. From personal inspection, I can cordially recommend this institution to the liberality of the benevolent. The Honorary Secretary, Miss Rotch, 47, St. George's Road, Eccleston Square, S.W., will be happy to receive donations and subscriptions.—I am, etc., NORMAN KERR, M.D.

42, Grove Road, Regent's Park, N.W., 21st February, 1882.

MILITARY AND NAVAL MEDICAL SERVICES.

SURGEON-GENERAL J. S. FURLONG, M.D., who served throughout the Crimea and the Indian Mutiny, and who has been recently serving as principal medical officer in Canada, has been appointed by the War Office to be principal medical officer to the forces in Ireland.

DEPUTY SURGEON-GENERAL FRANCIS HOLTON, M.B., has been appointed principal medical officer to the forces in the West Indies, in succession to Deputy Surgeon-General H. T. Reade, V.C., resigned through ill-health.

SURGEON-GENERAL J. M. SCOTT FOGO succeeds Deputy Surgeon-General F. Holton as principal medical officer of the Woolwich and Home districts. The appointment, however, will be one of short duration, as in May next Surgeon-General Fogo attains his sixtieth birthday, and will consequently retire.

THE death of Surgeon-Major James Jopp, Deputy Inspector-General of Hospitals, is announced to have occurred at Edinburgh on the 3rd instant. The deceased gentleman had seen some amount of foreign service, and was present at the capture of the forts of Monohur and Mûnsuntosh.

IT is reported that typhoid fever has been very prevalent amongst the troops in Natal, and that, though it is now decreasing, the mortality has been relatively high. As a sanitary measure, some regiments had been removed from Newcastle, where the incidence of the disease was severe, to healthier quarters, with good results in regard to the diminution of sickness and mortality.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

EQUITABLE SUPERANNUATION FOR IRISH POOR-LAW MEDICAL OFFICERS.

SIR,—The Irish Medical Association expects to have a Bill soon brought into Parliament, having for its object the equitable superannuation of the Irish Poor-law medical officers. As a dispensary medical officer, I wish to put the nature of our claims before our English *confrères*, in order to secure their moral support in the coming struggle. Our position in this country as dispensary doctors is very different from that of English Poor-law surgeons. Our districts average fifty square miles in extent; many of them are intersected by bogs, impassable except on foot, by mountains, or by arms of the sea; and it is often a matter of extreme difficulty to reach the wretched abodes in which many of our patients live. As a general rule, we have to attend, on medical relief tickets, a large proportion of the well-to-do population of our districts; and our salaries and other emoluments attached to our office are, in most cases, the chief part of our incomes, and in many cases the whole, private fees being few and far between. Our incomes from these sources vary from about £100 to £200 a year in all, out of which must be deducted about 25 per cent. for the expense of travelling through our extensive districts. It is therefore manifest that our receipts are, as a rule, very much below those of most general practitioners in England, and that we are to a far greater extent dependent on our salaries.

In 1869, an Act was passed empowering boards of guardians, if they saw fit, to give to medical officers incapacitated by age or infirmity retiring allowances to the extent of two-thirds of their salary and emoluments, irrespective of length of service. This power has, however, been much misused. Popular men have got large pensions, though in the prime of life and after short service; while others, who have not had the tact or means to influence the guardians in their favour, yet have been for many years hard-working officers, have either resigned and got little or no pension, or are working on, afraid to resign, as they have no means of support, and would be given no pension, though utterly unfit for their duties. To such an extent has this gone, that the Local Government Board has addressed a circular to boards of guardians, in which they make the following statements. "The Board have found that in some instances allowances have been proposed which were quite disproportionate to the length of service of the retiring officer, and equal, or very nearly equal, to two-thirds of his salary and