

SIR,—In the interesting correspondence in the *JOURNAL* of June 21st, arising out of Dr. Gabbett's note in the *JOURNAL* of June 14th, three features are of outstanding interest.

The first is that the dangers of light chloroform anaesthesia are now becoming generally recognized. For so long we were obsessed with the idea that fatalities only occurred from overdosage, those occurring in patients lightly under chloroform being attributed either to the sudden inhalation of an overwhelming dose during struggling, or to the absorption of such from vapour stored in the lungs in cases of respiratory obstruction. It is to be hoped that this correspondence will meet the eye of, and duly impress, those who have not as yet accepted the modern view. There are still many who believe that with chloroform safety lies in light anaesthesia. I think, however, every practical anaesthetist would admit that the contrary is the case.

The second point is the recognition given by Dr. Rood to the explanation of these fatalities furnished by the experimental work of Dr. Goodman Levy. This recognition will, I trust, soon be universal, and every surgeon and anaesthetist be guided by the principles laid down by him in his contribution to *Heart* (vol. iv, No. 4) and various other papers. Dr. Levy has one advantage over other research workers in this field: he was for a period a practical anaesthetist, being a colleague of mine at the North-West London Hospital.

The third point is the support given by leading authorities on tonsillectomy to the revival of ether induction in these operations. Years ago, when tonsillectomy rather than tonsillectomy was the operation in vogue, the gas-ether-chloroform (Junker) sequence was the common anaesthetic procedure and served very well. With the advent of the more deliberate operation surgeons demanded a much deeper anaesthesia, and chloroform, only, became customary. The method at present advocated is the same in principle as the old one, though carried out with modern refinements and alterations. It has the same advantage of getting rid of all danger during the induction period, but, like it, during the later stages of the operation the dangers of light chloroform are not always entirely eliminated, much if not everything depending on the ability of the anaesthetist.—I am, etc.,

London, W., June 21st.

G. A. H. BARTON.

SIR,—Your correspondents upon this subject agree that open ether is a suitable anaesthetic for the operation of enucleation of the tonsils. By all means let ether be employed whenever suitable, on the score of safety.

Mr. Waugh's series of 18,000 operations under very deep chloroform anaesthesia, with a single death, described as due to exhaustion, is a testimony to the truth of my contention that full chloroform anaesthesia is free from the risk of sudden cardiac failure, and that, furthermore, fatalities from overdosage are of the rarest occurrence; syncope from overdosage is not fatal if promptly dealt with.

The extreme depth of anaesthesia employed by Mr. Waugh for special technical reasons is not requisite generally in order to guard the heart against sudden failure; it is merely necessary to maintain the anaesthesia continually at what is known as the surgical degree. Mr. Waugh says: "To obtain deep chloroform anaesthesia the dangerous zone of light anaesthesia must always be traversed. Modern research has shown how uncontrollable this danger is." I am afraid I am not aware of the research in question; my own researches show that the danger is controllable, and surely Mr. Waugh's own statistics show that the danger of induction was controlled in his series of 18,000 cases. For the safe induction of chloroform anaesthesia it is again only necessary to administer the vapour continuously and of sufficient strength to get the procedure expeditiously performed. This is a common experience in experiments upon cats, which are otherwise peculiarly liable to sudden cardiac failure. I do not think any useful purpose can be served by exaggerating the danger associated with the use of chloroform.

I rather doubt if the administration of a mixture of chloroform and ether can be made perfectly safe, except when the chloroform preponderates. I think Mr. Tilley takes a certain risk in following up an induction by open ether with a relatively short administration of chloroform

from a Junker's inhaler—why not follow on with ether vapour pumped through a tube, if a tube is necessary?

Finally I may again emphasize the value of such clinical records as that afforded by Dr. Gabbett. For every such case reported a hundred are unreported and lost to medical science. Perhaps, some day, we shall see a compulsory clinical report substituted for the effete coroner's inquest.—I am, etc.,

London, W., June 23rd.

A. G. LEVY.

#### THE TREATMENT OF THE NEURASTHENIC PENSIONER.

SIR,—In your issue of May 31st Dr. James M. Rutherford suggests an alternative method to hospital treatment for the neurasthenic pensioner. On looking closely into his scheme it appears to have several faults:

1. Dr. Rutherford suggests that in different areas a staff of physicians familiar with the treatment of war neuroses should be appointed to treat the pensioner privately. I fear that with the present number of neurasthenics in England sufficient medical men familiar with war neuroses could not be found.

2. He also suggests that the patient's mental symptoms should be analysed, and further suggests a few visits at intervals of a week or two. I am afraid many visits would have to be paid, and much oftener than at intervals of a week or two, if mental analysis is to be successful and completed in a reasonable time.

3. Contrary to Dr. Rutherford's experience, I have found in boarding neurasthenic pensioners that very few are averse to hospital treatment.

4. I have been in charge of this institution for neurasthenic pensioners since it was opened early last year, and I have found the results most encouraging; the patients are happy and contented. Dr. Rutherford's "important point" can be carried out—that is, no suggestion of military conditions.

In hospital there is no time lost on the part of the doctor or patient travelling one to see the other. The doctor is constantly on the spot to hear his patients' trouble and advise them. He can see them daily, and certainly more often than at intervals of a week or two. He can show them similar cases to their own, recovering or recovered; and that most important point in good results can be obtained which cannot be obtained from Dr. Rutherford's scheme—namely, a curative atmosphere.—I am, etc.,

A. D. McMULLAN,

Medical Superintendent.

Leicester Frith Home of Recovery for Neurasthenia,  
Leicester, May 31st.

#### ENCEPHALITIS LETHARGICA.

SIR,—Major Brasher and his colleagues, in their interesting paper upon two cases of encephalitis lethargica (*BRITISH MEDICAL JOURNAL*, 1919, i, p. 733), say that it does not appear that any connexion was observed (in Vienna, in 1917) between von Economo's cases of "encephalitis lethargica" and an epidemic of influenza. The fact is that "grippe" was prevalent in Vienna at the time that von Economo's cases were observed, but this "grippe" was decided not to be "influenza" because Pfeiffer's bacillus was not found (cf. *Daily Review of the Foreign Press: Medical Supplement*, 1918, July 1st, p. 221). In the same way the epidemic of grippe that preceded (and accompanied) the poliomyelitis in the United States during 1916 was said to have been a "pseudo-influenza" (Capp and Moody and others, *Journal American Medical Association*, 1916).

As a matter of fact, quite a large number of the cases that occurred in London in the early part of 1918 manifested an initial stage that was clinically indistinguishable from influenza. There are, indeed, for these cases, three types of onset. In one an early "influenza" is separated by a distinct but variable interval from the onset of "nervous" symptoms; in another the "influenza" runs into the "nervous" stage; in the third the "nervous" symptoms occur without obvious precedent illness. Laborde, more than fifty years ago, recognized much the same kind of happening in relation to "infantile paralysis"; and, as all the world knows, Draper and others have distinguished similar "types" of onset in "poliomyelitis."—I am, etc.,

London, W., June 16th.

F. G. CROOKSHANK.