

counteracts any dangerous tendencies of chloroform inhalation, I am strongly of opinion that it does so.

The following case, which seems to me worthy of record, impressed me with the belief. A boy was admitted a few years ago into the St. Marylebone Infirmary, with periostitis of nearly the whole of the shaft of one femur, and an enormous abscess in connection therewith formed a large swelling, occupying nearly all the length of the thigh. The boy was very ill, pale, and emaciated, but the abscess was speedily opened, under chloroform, without any ill effects. A few days afterwards, the patient being already better, another slight operation was required under an anæsthetic. Chloroform was again used; but before he was fully under, and before the operation had been begun, respiration stopped, he became collapsed, and only came to after performance of artificial respiration for many minutes. The operation was abandoned on this occasion.

In the further course of the case, amputation of the thigh became necessary, and was performed under chloroform without any accident. Some time later, chloroform was again given in order to open a small sinus; but he became collapsed and appeared moribund just as on the second occasion, and was again revived with difficulty.

Being puzzled why the same anæsthetic should behave so differently on different occasions in the same patient, I made inquiries as to his condition at the various times. It certainly did not depend on his general health; but I ascertained that on the first and third occasions, a dose of brandy-and-water had been administered shortly before the operation; on the second and fourth, this had been omitted. A slight subsequent operation being necessary in the stump shortly afterwards, the precaution of giving brandy beforehand was duly taken, and this time no evil consequences happened.

Before this case, I had not attached much importance to the matter, but since then I have always, either from reason or superstition, taken care to give brandy before administering chloroform; the anæsthetic I usually prefer. I cannot call to mind any untoward effects at any time in which I know alcohol and chloroform have been given together, and should like to know if other men can cite cases bearing on the point.

It harmonises with the fact (if the common belief be true), that bichloride of methylene (which is supposed to be a mixture of alcohol and chloroform) and the A.C.E. mixture are safer than chloroform alone; but it seems to me that giving liquid alcohol by the mouth, shortly beforehand, in the form of an ounce or two of brandy with water, is the readiest and most satisfactory method of mixing the two substances.—I am, etc.,

F. LUCAS BENHAM, M.D., M.R.C.P.

#### MICRO-ORGANISMS IN EMPYEMA.

SIR,—In the JOURNAL of July 13th Mr. Maylard draws attention to a case of empyema on account of the existence of foetid pus containing numerous dead micrococci, and expresses surprise "that a patient should survive with such a quantity of putrid material in his body, in which even microbes were unable to live."

It has long been known that the pus of acute abscesses contains micrococci, and Ogston, of Aberdeen, in 1880<sup>1</sup> found, as the result of many observations, that micrococci were always present in acute abscesses, but absent in chronic. Watson Cheyne<sup>2</sup> confirmed these conclusions, and explained them by showing that the micro-organisms very soon exhausted the nutritive material in a fluid, and then fell to the bottom and died. "In an abscess they live as long as they find nutriment, and then they die, and cannot be obtained on attempting cultivation, though they may still be seen on microscopical examination." Hence it is plain that the presence of dead micrococci in pus is not evidence of the special virulence of the fluid in question, but is simply in accordance with the known life history of these organisms.

Further, all who have had much experience of pleuritic effusions will know that the condition of the fluid by no means always determines the state of the patient; that a serous effusion may persist with symptoms that are usually met with in empyema, and that pus may exist while the temperature is normal. I have even seen an intensely foetid empyema in a patient with a persistently normal temperature.—I am, etc.,

E. MARKHAM SKERRITT, M.D.Lond., B.A., F.R.C.P.

Clifton, July 15th.

<sup>1</sup> Langenbeck's *Archiv*, Bd. xxv, p. 3.  
<sup>2</sup> *Antiseptic Surgery*, p. 254.

#### THYROTOMY.

SIR,—In the JOURNAL of the 6th inst., Dr. Beverley, of Norwich, in the course of some remarks on an interesting case of thyrotomy for foreign body in larynx, refers to the conflicts of opinion regarding the degree of danger attendant upon the operation. I have several times performed the operation during the last few years, and have never witnessed any bad results ensue from it. An important point for consideration is, its effect upon the voice. This appears to be always good, that is to say, although vocal recovery is probably never complete, it is always sufficient for ordinary conversation purposes.

There are two points in connection with the operation which require special mention: the risks and results of fracture of an ala of the thyroid cartilage and the consequences of an undue upward extension of the skin incision. As the space for working, or further operating, after splitting the thyroid cartilage in the middle line is very limited, the alæ are usually held apart as much as possible. In one of my cases, this resulted in fracture, but with ordinary care complete union of the fractured portion soon took place without trouble of any kind.

If the incision through the skin be carried too high, that is, too near the chin, the consequence will be that a cicatricial band or web is formed in the submental region, which renders the tissues tense, and limits the degree of extension of the head and neck.—I am, etc.,

Edinburgh.

G. HUNTER MACKENZIE, M.D.

#### PERILS OF PRACTICE: AN APPEAL.

SIR,—I have been asked, as one of the District Secretaries of the Metropolitan Counties Branch of our Association, to make an appeal to raise a sum of money to meet the legal expenses incurred by Dr. Jones, of Edmonton, in his late trial, and, after consultation with the present and the late President of the Branch and the Honorary Secretaries, I gladly consent to do so.

Under the heading "Perils of Practice," an account of the case is given in the JOURNAL of June 1st, page 1257. It will there be seen that Dr. Jones was accused of indecently assaulting a servant girl 18 years old, who had come to consult him, but that the grand jury, acting under the direction of the judge who was to have tried the case, unanimously ignored the bill of indictment. The chairman said it appeared to him there was not the slightest foundation for the charge. Moreover, both the Society for the Protection of Women and that for the Protection of Juveniles had investigated the case, and had declined to have anything to do with it.

Notwithstanding that the trial thus came to an abrupt conclusion, Dr. Jones's legal expenses were necessarily heavy, amounting to some £60; and it is felt by a number of medical men that, as they themselves might at any time be placed in a similar position, they should do their utmost to aid a brother in misfortune. Dr. Ord, President of the Branch, Dr. Brodie Sewell, the late President, Sir W. MacCormac, the President-elect, and the following past Presidents, Drs. Bridgewater, Bristowe, Dickson, and Hare, and Messrs. Durham, Macnamara, and Sibley, support this appeal, and either have already subscribed or promised to do so.

Subscriptions may be sent direct to me, and will, with your kind permission, be published in your columns.—I am, etc.,  
101, Queen's Road, Dalston, N.E. J. W. HUNT.

#### MEDICO-LEGAL AND MEDICO-ETHICAL.

##### ADVERTISING CIRCULARS.

X. Y. Z. writes: A practitioner in my district (an M.B.) has been issuing handbills from house to house with the following printed on them: "Surgery. Dr. —, M.B., Physician and Surgeon." Then follow the hours of attendance, and in large letters—"Advice (with medicine) at surgery, sixpence; for one week, one shilling." Then he gives his midwifery and vaccination fees, 10s. 6d. and 1s. These bills he distributes, or causes to be distributed, throughout the district, dropping them into the letter-boxes.

Is this wholesale advertising illegal? Does he not run the risk of being cautioned by the General Medical Council, or even of getting his name erased from the Register? I have heard of other cases in Birmingham of a similar nature, and am anxious to do what I can to uproot the whole system. Would you kindly inform me what course I ought to take in the matter? One of my own patients gave me the handbill.

\*The advertisements complained of are certainly contrary to medical etiquette, but we cannot say that they are illegal. The General Medical Council only, we think, interfere in cases of infamous conduct in a professional respect, or where there has been a conviction.