The value of the electro-cardiogram in analysing cardiac arrhythmia is generally insisted upon, and Dr. Hall alludes to it; but clinically, as physicians, arrhythmia, as such, concern us not at all, except it be associated with heart failure—that is, the mechanical failure of the heart to furnish an effective circulation. We are at all familiar with cases of dilatation cordis (auricular fibrillation type), which through a long life are unaccompanied by heart failure. Such cases are benign, but it is the passage of time which reveals this; other cases, of course, develop a progressive heart failure. Mackenzie's pronouncement, then, is that the electro-cardiograph does not assist us in gauging the all-important functional capacity of the heart as a power chamber; herein lies its gravamen.

"The late Sir James Mackenzie," declares the use of the word "neo-cardiology," and he is quite right; let us agree to delete it; but it is the modern school of graphic methods which is responsible for the introduction of the term; witness the title of Sir James Mackenzie's contributions to the British Medical Journal, quoted above. Again, then, let me plead for collaboration in the solving of this matter; perhaps the younger men coming along, and uncommitted, will bring their fresh energies and open minds to the study and solution of these problems.

—I am, etc.

HARRINGTON SAINSbury.

This correspondence, having served its purpose, is now closed.

HIGH BAROMETER AND SUDDEN DEATHS.

Srns,—It may be of interest to note the so far back as 1732 Dr. Nicholas Robinson published "A discourse upon the nature and cause of sudden deaths; and the reason why such numbers of people died suddenly in the years 1730 and 1731."

"During the year 1730" (he says) "the barometer generally stood at 29½ to 30." This was occasioned by "moist vapours and dampy Rains that affected the spring, summer and autumn; whereupon the Spring of the Air was extremely relaxed and consequently fitted to produce Palisies, Apoplectic, and Sudden Deaths from a Depression of the Vital Organs beneath the standard of Nature. But in the year 1731, rarely did it fall beneath 29½ and was often buoy'd up to 29¾ inches and sometimes to 30 and 30½, and this was occasion'd from the extreme Dryness of the Season; a Drought so universal as scarce to be parallel'd in the Memory of Man. By all this it appears, that the Air was Epidemical in the year 1730 and 1731; and that the opposite Effect was demonstrable from the extremes of its sudden Rarefaction or Condensation; which occasioned in the Nerves of the Vital Organs either an absolute Convulsion, or an absolute Palys, and consequently a sudden Death."

It is clear that there died of Apoplectic and sudden Deaths only 128, but in 1730 although there were 3,000 fewer deaths altogether, the number of sudden deaths swel'd to 238 and in 1731 to 237. To be alive and dead, almost in the same Instant of Time is a scene extremely shocking to humane Nature. . . . To be at once struck off from the List of the Living, is a change very extraordinary, and which must affect the Stoutest Heart with Terror and Surprise.

He goes on to discuss the nature and causes of these sudden deaths. He affirms that the less quantity of blood which animals have, the slower will be their progressive momentary deaths.

"There is such a Harmony, Consent and Agreement between the Organs of the Heart and of the Cerebellum, that if an Obstruction or Oppression happens to the one, the other is always affected and exerts a Force and Motion superior to what is Natural in order to remove the Impediment and give a freedom to the oppressed Organ. In all cases of Fainting, if the Brain and Cerebellum did not exert an extraordinary Motion of Systole and Diastole, and immediately detach a considerable Quantity of Animal Fluids to the Heart's assistance, the Patient would assuredly suffer a sudden, fatal Stroke, under every fainting Fit.

"When people fall down dead without the least Struggle, this assuredly happens from a sudden Jerk of the vital solids, or from a sudden breaking of an Imposthume in the Organ of the Heart, Brain or Medulla. When the air is rarefied, or the cold is intense, the Jerk is not so violent as to be felt by the Patient, and a very few minutes afterwards, the Palys is insensibly transformed into a Convulsion. Such sudden changes in the Air as from Dry to Moist, cold to hot, may lead to a sudden Death." Joy and grief often cause sudden death, but "a great, a generous and a gallant man, bears up in the World like a ship in the sea well-ballasted; so let the Billows rage, the sea roar, and the Madness of the People combine against him, yet he will stand his ground in spite of Fortune, and bear up his Virtue in opposition to the most shocking ills of Life."

Dr. Robinson was a very frequent visitor as a physician in London. He invented a sovereign remedy for the stone, and wrote a "A Compleat Treatise of the Gravel and Stone" in 1721; "A New Theory of Physick" in 1725; "A New Method of Treating Consumptions" in 1727; "A New System of the Spleen, Vapours and Hypochondriack Melancholy" in 1729; "Treatise on Venereal Diseases" in 1756; and an "Essay on Gout" in 1756— I am, etc.

W. G. AITCHISON ROBERTSON, M.D.,
F.R.C.P.E., Barrister-at-law.

Bournemouth, Dec. 11th, 1895.

ANÆSTHETICS IN CHILDHOOD.

Srns,—Two letters on anaesthetics in childhood (December 13th, 1895, p. 1199) were written for me, with Mr. Harrison Butler I agree that ether is much safer for eye operations than chloroform, but there are times when ether is contraindicated—such as when the patient has bronchitis or is liable to it—and then the anaesthetist should use his own judgement, for it is on him that the blame will rest if the operation is successful but the patient dies some days later from pneumonia. I am glad to say the surgeons for whom I have given anaesthetics leave the choice of the anaesthetic to me. Ether is in some cases more dangerous than chloroform, and in some a mixture of chloroform and ether is preferable to either, and the anaesthetist should know better than the surgeon what anaesthetic to give.

It is impossible to take Dr. Primmer's letter seriously. First he says he is acquainted with the theory and practice of present-day anaesthetics, and in the same letter refers to Shipway's oxygen and ether apparatus, as a "contraption Nerves of the Vital Organs. I have used this excellent apparatus—the inhaler, not the milker—for the last five years, and have found it the safest and also the easiest method of giving an anaesthetic. It is especially useful if one has to give chloroform, for the oxygen certainly diminishes the danger. Dr. Primmer is particularly unfortunate and health of a baby through dangerous; the explosion he refers to was due to a naked flame, not to Shipway's apparatus, and I hardly like to remind him that ether is inflammable and not "the Shipway." His second statement is that chloroform in the hands of a competent administrator is safe. This is not so; chloroform is a dangerous drug even in the hands of a specialist, much more so than ether. His third statement is that chloroform has stood the test of time. Well, has it? I think not. There are too many deaths due to it every year, and chemists and anaesthetists are still looking for a better and safer anaesthetic than either chloroform or ether.

I have tried to use chloroform wisely, and by that I mean I give it as rarely as possible; whether this is wisely and well is not for me to say; but I would always prefer to use a substitute, and that is ether with oxygen, until a better one is found.

—ERNEST W. STRANGE, M.D.

Wolverhampton, Dec. 15th.

PALE BABIES AND DEEP PERAMUBILATORS.

Srns,—In your issue of December 26th, 1925, attention is called to the improved colour and health of a baby through the raising of its position in the perambulator. There can, I think, be no difference of opinion as to the favourable influence on infants of an increased exposure to sun and