

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

## THE DIAGNOSIS OF RÖTHELN.

Str.—I, for one, have always looked upon rütheln as a disease by itself, and for the following two reasons, viz.: 1. The eruption is that of measles; 2. The sore-throat is that of scarlatina. In rütheln, you have the symptoms of measles, viz., headache, coryza, sneezing, etc.; the throat, on examination, is not the simple sore-throat of measles, but the ulcerative throat of scarlatina, unless, when you see the patient early, in which case the fauces, palate, uvula, and tonsils will be red and swollen, after which, in the course of a few days, ulcers will form on the tonsils.

I consider rütheln to be a very rare disease, having only seen some half-dozen of cases; two of these having had a previous attack of measles, and another, that of a young lady, having had both scarlatina and measles. I consider this disease to be synonymous with "German measles".

"Dubitans" seems doubtful about the treatment to be adopted in a case of r theln. It is simply a combination of the treatment adopted in scarlet fever and measles—viz., diaphoretics, with chlorate of potash, internally, and a solution of nitrate of silver to the ulcers.

The disease is clearly a hybrid of scarlet fever and measles; and why not have a specific name for it?—I am, truly yours,

Gilford, July 31st, 1880.

ROBERT McBRIDE, M.B. Univ. Dub., etc.

### PAPER COLLARS.

SIR,—Can you give me any information respecting the manufacture of paper collars?  
1. Whether lead is used for the purpose? 2. Whether arsenic is used? 3. Whether  
any bad results have been traced to the use of them.—I am, etc., MEDICUS.

\*\*\* 1. We are not aware that lead is used in the manufacture of paper collars.

2. Mr. Adams of Holloway Road, in a communication to the *Sanitary Record* of June 27th, 1879, writes that some manufacturers have introduced 'arsenic into the dressing used to produce that beautiful gloss which seems peculiar to some makes of collars'. 3. The same gentleman writes that a patient of his had every symptom of arsenical poisoning; and, on analysis of the paper collars worn, 10.4 grains of arsenic were obtained from one collar.

### ON WATCHING THE PULSE DURING THE ADMINISTRATION OF CHLOROFORM.

Sir,—After many years of experience in giving chloroform, both in private practice and as a hospital surgeon, I view with some apprehension the views lately put forward by some of your correspondents, that there is no need to watch the pulse in giving chloroform, only the respiration. In inhaling it myself I observed that about a minute was occupied between the time of inhalation and the maximum effect being produced. I am permitted, therefore, to say that the time which has to elapse between the time that the chloroform is taken from the mouth, *with the effects of the chloroform still deepening in intensity*. Surely, then, it is of importance to note the very faint beginning of such mischief.

I have never seen death caused by chloroform, but I have seen a few cases in which it was necessary to stop the operation for a time on account of the effects of the chloroform, which in these cases always acted firstly on the heart. In no case have I seen cessation of the respiration. The experience, however, of death by chloroform in the human subject of any one medical man is necessarily so limited, and the circumstances of such deaths are so little favourable for scientific observation, that I think it is highly dangerous to found a mode of practice on the ideas of one or two, who may be inclined to look on the cessation of respiration as the first danger to be avoided, and to only suspend the operation for a few moments in regard to this, I may be allowed to speak from my experiments made on animals in 1825-6.

In these experiments, *inter alia*, I found that in cats, when chloroform was rapidly administered (the best way, in my opinion, as avoiding that saturation of the blood with chloroform which is apt to be produced by slow administration, and which renders stoppage of the heart's action, if it do occur, almost surely fatal) the systolic action of the heart *invariably* ceased before respiration. If the chloroform were then removed *at once*, it was sometimes easy enough to restore animation, but if the chloroform were continued until the respiration stopped also, the chances of recovery were infinitely reduced, and disappear when auricular action ceases. I found on *post mortem* examination and experiment that chloroform invariably stopped the action of the heart when found on it.

Wishing to protect the heart's action against the chloroform, I, after several preliminary experiments, used a large, but not a lethal, dose of atropine, injected about an hour previously to the administration of the chloroform. I now found that the respiration invariably stopped before the heart's action, stoppage of the latter being exceedingly difficult to produce in one case, indeed I could not kill the cat though I gave it chloroform in as strong saturation as I possibly could for 35 minutes (2 minutes being generally sufficient to kill)! and recovery after stoppage of respiration was generally *spontaneous*, respiration recommencing of itself; but when I pushed the chloroform till all signs of heart-movement were stopped, the effects were the same as if no atropine had been given.

Whatever opinions may be held as to the propriety of continuing the use of chloroform as an anæsthetic, it is still used by many every day, and while it continues to be so, it is of importance that all precautions for using it safely should be taken.

In conclusion, I may say that I should be glad to know that any hospital or other surgeon who still continues to use chloroform often, was taking advantage of the hints to be gleaned from my experiments as to the use of atropine as a heart-protector during its administration.—I am, yours, etc., W. MUNRO, M.D.  
 102, Earl Street, Lower Broughton, Manchester, July 28th, 1880.

102, Earl Street, Lower Broughton, Manchester, July 28th, 1880.

DR. A. SAMELSON (Manchester).—Athropsia (*athropsie*) is a word used by some modern French authors to denote failure of nutrition in infants. It is synonymous, we believe, with marasmus. The word denotes literally absence of nutrition ( $\alpha$ , negative;  $\tau\rho\acute{\epsilon}\phi\omega$ , I nourish).—The word "theophone" (page 184, column i, line 15) is an accidental misprint for "rheophore".

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CERTIFICATES OF DEATH FOR INSURANCE COMPANIES.

SIR,—Will you kindly inform me if I am justified in charging a fee for filling up a form of cause of death, and other detailed particulars respecting same, of one of my patients, for the Rock Life Assurance Company?—Yours truly,  
Abbey Lands, Dunbar, July 31st, 1880. R. HARVEY HULLIARD.

\* \* Yes: a fee of one guinea.

R. HARVEY HILLIARD.

TURPENTINE AND ACETIC ACID LINIMENT.

SIR,—Can any of your readers inform me of the ingredients and proportions of a liniment, which must be white and creamy, does not separate on standing, and containing oleum terebinthinae and acidum aceticum? An answer through your JOURNAL will greatly oblige, yours obediently, PHARMACIST.

Veterinary Infirmary, Moreton Street, Strangeways, Manchester, July 1880.

Mr. ROBERT HARRISON (Scarborough) will find that more than one effort has been made to carry out numerous propositions for the establishment of provident funds for members of the medical profession, and that especially a proposition by Mr. Garland of Yeovil was recently taken up practically by a London insurance company, which circulated widely proposals of the sort, and has, we believe, established a department specially adapted for medical men.

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## The Medical Directory.

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