

have come out to the door to watch me riding homewards. The celerity with which one responds to a "call" quite astonishes them. It is quite easy to pack up a frock-coat in the tricycle bag (which measures 14 foot by 1 foot), when one has to remain at a patient's house. The best dress to wear in winter is a thick pea-jacket, with or without a short lounge coat underneath, and gaiters are occasionally necessary.

INQUESTS AND DEATHS FROM CHLOROFORM.

M.B., M.A. writes: I should like to ask, through your columns, why it is considered necessary to hold inquests in cases of death occurring during the administration of an anæsthetic? I am at a loss to understand why, unless the friends of the deceased wish for an inquiry, or express doubts as to the skill or care with which the anæsthetic has been administered, the coroner, with his jury of small shopkeepers, should be called upon to go through the farce of deciding that the anæsthetic was a proper one, and that due precautions were observed. When a death from chloroform occurred in this neighbourhood a few years ago, the coroner, upon being informed that two qualified medical men had been present during the administration, declined to hold an inquest, so that the custom is not universal, and, to my mind, is one more honoured in the breach than the observance. Surely, if coroners' inquests are necessary in these cases, they are equally so in cases of death occurring as the result of operations, but we do not yet hear of a jury being summoned to decide if Mr. A. applied a tourniquet properly, or if Mr. B. ligatured the arteries skilfully, or whether all had been done with full Listerian rites. We may in time arrive at this perfection of lay control, but so long as we are considered worthy of being entrusted with the lives of our fellow-creatures while undergoing capital operations, and not called to account before a coroner and his jury because one died from hemorrhage, or another succumbed soon after the giving of morphia hypodermically, I fail to see why the same confidence should not be reposed in us when an anæsthetic happens to shorten life.

The only effect of the holding of an inquest, and the publication in the local papers of the evidence, is to create a prejudice against anæsthetics and their administrators, and to render patients so nervous and frightened when they have to be placed under their influence, that the risks of accidents occurring are thereby doubled.

I think all medical men should keep a record of those cases in which they give an anæsthetic, the nature of the anæsthetic, and the mode and result of its administration being noted; and if these results could be periodically collated, we should be in possession of data from which a sound opinion could be formed as to which is the safest and best mode of producing anæsthesia. It is now the fashion in some quarters to decry chloroform; I am, however, old-fashioned enough to believe in it; and having an experience of some ten thousand cases without a death, I think I am justified in my preference. Deaths, no doubt, are frequently recorded from its use; but before deciding to abandon it for some other anæsthetic, it is necessary to know how much more frequently it is administered than any other. Judging from local experience, I should think it is given fifty times for every once that any other is given. A record such as I have mentioned would settle this question satisfactorily. The JOURNAL has in its time done much good work. Will it add to our indebtedness by placing such information within our reach?

TREATMENT OF OBESITY.

DR. ROBT. SAUNDERSON, JUN. (Rhode, King's Co.), writes: It would be of great advantage to some of Mr. Towers-Smith's stout brethren and the corpulent public if he would give more particulars of his treatment of obesity, namely, how he divided his daily gallon of hot water? If he used any other kind of food—such as bread, vegetables, fruit, etc., in addition to the grilled cod and rump steak; if so, what kind and quantity, and on what principle he can explain the process of reduction in weight. A patient of mine, to whom I was speaking on the matter, remarked that it would also be very interesting to know the nature and amount of his previous dietary when his daily lowering scale was so liberal as one pound of fish, three pounds of flesh, one glass of whisky, and water *ad lib.*

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BOOKS, ETC., RECEIVED.

- Alpine Winter in its Medical Aspect, with Notes of Davos Platz, Wiesen, St. Moritz, and Maloja. By A. Tucker Wise, M.D., L.R.C.P., M.R.C.S. Fourth edition. London: J. and A. Churchill. 1888.
- Animal Physiology. By William S. Furneaux; with 218 illustrations. London: Longmans, Green and Co. 1888.
- A Handbook of Therapeutics. By Sidney Ringer, M.D., F.R.S. Twelfth edition. London: H. K. Lewis. 1888.
- A Handbook of Surface Anatomy and Landmarks. By Bertram C. A. Windle, M.A., M.D. London: H. K. Lewis. 1888.
- Section Cutting and Staining. By Walter S. Colman, M.B. London: H. K. Lewis. 1888.
- Epitome of Diseases and Injuries of the Ear. By W. R. H. Stewart, F.R.C.S. London: H. K. Lewis. 1888.
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