Correspondence.

"Audi alteram partem."

"IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION."

To the Editors of THE LANCET.

SIRS,—My attention having been called to a paragraph in THE LANCET of Nov. 17th, in which I am reported to have made, at the annual dinner of the Irish Medical Schools' and Graduates' Association, certain comments respecting qualifications for hospital appointments, I shall feel obliged if you will allow me to state in your columns that such comments are wrongly attributed to me, as I did not make any allusion to the subject.—I am, Sirs, yours faithfully,

J. W. HULKE,

President of the Royal College of Surgeons of England.
Lincoln's-inn-fields, London, W.C., Nov. 29th, 1894.

* * The account in question was furnished us in the ordinary course by the secretaries of the Irish Medical Schools and Graduates' Association, from whom we have also received a copy of the following resolution, which was unanimously passed at a meeting of the Council on Wednesday last and sent to Mr. Hulke:—

Copy of Resolution.

"Although, according to the recollection of the majority of the members of Council who were present at the dinner on Nov. 10th, the notice of the speeches published in the medical papers was in substance correct, the Council of the Irish Medical Schools and Graduates' Association nevertheless feels bound to accept Mr. Hulke's disclaimer, and regrets the misunderstanding that has arisen." ED. L.

"THE PAY SYSTEM AT THE GREAT NORTHERN CENTRAL HOSPITAL."

To the Editors of THE LANCET.

SIRS,—The position taken up by the medical staff of the Great Northern Central Hospital would, perhaps, be justified if it were clear that the pay wards will be, as intended, for the reception exclusively "of persons a little above the poorest class." Where, I would ask, is the guarantee in the regulations recently initiated for the admission of pay patients that this will be the class of persons admitted? What is to prevent persons of any class and of any income claiming admission as "persons of limited means"? That is the elastic term chosen to define the class of patients in the regulation sheet. Of course, it is easy to say that there is an understanding to the effect that the house committee will rigorously scrutinise the credentials of candidates for admission. No doubt they will—at least, just now—perhaps for a year or two, or as long as the present attitude of the medical profession generally makes such a strict scrutiny politic. But what will happen in a few years, when the present excitement on the subject has subsided—when there is nothing to appeal to for the guidance of the committee but the printed regulations as they now stand? Then, I venture to predict, the Committee of Management will be led into a different course by a prominent member of that body, who recently stated, with admirable candour, his opinion on the subject to a conjoint meeting of the medical staff and the non-medical members of the governing body. My colleagues at that time will remember that the opinion of that gentleman was that members of a much higher class than those "a little above the poorest" should have the benefit of the pay wards, and that he instanced himself as a fair sample of those admissible. This view was not controverted by any of the non-medical members of the committee. What chance, however, has the hospital of steering clear of the dangers indicated in your able editorial article when such opinions as these are openly held by members of the governing body? These opinions may be kept in abeyance for a time, but when the present publicity subsides they will again bud forth and bear fruit to the detriment of the hospital, and especially of the

medical staff. As a member of the staff at the conjoint meeting above referred to, I proposed that the regulations for the admission of pay patients should be made much more stringent, but I was not supported by my then colleagues, either at that meeting or at a subsequent medical committee meeting.

I am, Sirs, yours truly,

W. SPENCER WATSON, F.R.C.S.

Henrietta-street, Cavendish-square, W., Nov. 28th, 1894.

"THE AMOUNT OF MEMBRANE IN DIPHTHERIA AS AN ELEMENT OF PROGNOSIS."

To the Editors of THE LANCET.

SIRS,—I am glad to see the insertion of Mr. Lernox Browne's letter in THE LANCET of Dec. 1st, as I think the local signs of this disease most important, especially the appearance of the throat and the quantity of the *diphtheritic membrane* and its situation. I happened to precede Mr. Browne in the late debate, and particularly stated that I could not go with Dr. Donald Hood in the opinion he gave, and, as the result of his experience, that it is a mistake to estimate the danger of the attack or its probably fatal result by the amount of the membrane. I mentioned in my speech—and am glad to have the opportunity of recording in the pages of THE LANCET, which is so widely read by general practitioners—that I have always found that if there was any extensive true diphtheritic membrane on the fauces, and especially if it spread to the posterior nares, with much exudation from the nostrils, the gravity was greatly increased and a fatal result generally followed, and, indeed, this result by authors we have been taught to respect; *ergo*, the opinion from so able a physician as Dr. Hood that the amount of the membrane was of no consequence would be likely to tend to the under-estimation of the gravity of the case. I also called attention to the local symptoms of the diagnosis of diphtheria, and mentioned as of some value (with other signs), in determining the nature of the disease, a swelling or tenderness of the glands of the lower jaw (the submaxillary).

We can hardly over-estimate the importance of the recognition of diphtheria; every sign that leads to the correctness of diagnosis had its value, for the tubes exhibited by Dr. Abraham, and used extensively in New York for diagnosis, were even thought by experienced speakers to be of questionable or of negative value and would in no way exclude the possibility of the diphtheritic nature of the disease.

I am, Sirs, your obedient servant,

Dec. 1st, 1894.

FREDERICK H. ALDERSON, M.D.

P.S.—I am able to confirm Dr. Campbell Pope's experience that one of the chief factors of diphtheritic culture is dampness of soil. I was in practice a decade previous to Dr. Pope (before the main drainage) and when diphtheria was very prevalent in Hammersmith of a far more severe type than the present epidemic, and the immunity from the disease that the author spoke of the first ten years he was in practice I attribute to the excellent main drainage and the dryness of the subsoil, which undoubtedly reduced the diphtheria mortality very considerably.

"THE POSITION OF THE THEORY OF EVOLUTION."

To the Editors of THE LANCET.

SIRS,—Newton was asked one day *why* he walked when he felt inclined to do so, and *how* his arm and his hand moved responsive to his will. He answered that he did not know. "Well, at least," pursued the inquirer, "you, who know so much about the gravitation of the planets, surely can tell us the reason for their turning in one direction rather than in the other"; but again he answered that he did not know. Those who have read Mr. Norman Lockyer's meteorite theory are aware that the known laws of gravitation will not answer every question in celestial mechanics; indeed, if I remember well, astronomers have been forced, in attempting to solve the mysteries of nebular transformation, to invoke the existence of laws of motion opposed to prevailing views of gravitation. Dr. Walter Kidd asks Professor Huxley to conciliate evolution and ethics (I see no other weighty point in his letter), and because this distinguished scientist acknowledges the

difficulties of the problem, and is guilty of the weakness of going "very near to supposing a new force in the universe other than evolution," Dr. Walker Kidd inquires triumphantly: "Is there a grain of truth in this theory?" Professor Huxley merely attempted to solve from an evolutionary point of view the problem which Zoroaster avoided under a poetic fiction—the problem which, with all his mastery of philosophy and his unrivalled skill as a dialectician, Bossuet abandoned as inexplicable, the problem which Christianity explains (so far as good and evil affect man) by the very obscure doctrine of atonement. Evolution has its metaphysics like every other system.

Dr. Campbell and Mr. Roger Williams have very ably exposed the "views of those members of the medical profession who have paid the greatest attention to the subject" in question; and Dr. Campbell is probably right in supposing that these members "will endorse the opinion of the professed biologist." Many of them will "see nothing but what is beautiful in Herbert Spencer's ethical code," and less in this code to weaken the "sanctions of morality" than in what was written "long before the theory of evolution was seriously contemplated." Has Dr. Kidd read Spinoza? "In the eyes of God each thing is what it has the means of being. There is no rebellion against him, and no resistance of his will; in truth, therefore, there neither is, nor can be, such a thing as a bad action in the common sense of the word. Actions are good or bad, not in themselves, but as compared with the nature of the agent. What we censure in men we tolerate, or even admire, in animals, and as soon as we are aware of our mistake in assigning to man a power of free volition our notion of evil as a positive thing will cease to exist." "The brains that are so marvellously forwarding medicine and surgery" are "busy" precisely because they have received the powerful stimulus of Darwin's biological teachings. Would there have been a Pasteur or a Lister without Darwin? What is it that constitutes a *primâ-facie* argument in favour of the truth of the parasitic origin of disease? The idea that man has not yet emerged from the struggle for existence against inferior forms of life; as his palæolithic ancestor fought against the sabre-toothed lion with sharpened vision that detected the tracks of his enemy, and the flint celt or pointed arrow, so modern man, subjected to the dangerous surroundings inseparable from civilised conditions of life, struggles against enemies that he detects by the microscope and overcomes by the weapons of hygiene. I hardly know where to place Mr. Samuel Laing amongst the formidable category that are expected to protest against the teachings of "transcendental specialism," but is he likely to object to the attractive accession to his theories provided for the next edition of a modern Zoroastrian by the recent discovery of antitoxin? Would Max Müller hesitate to affirm under the influence of what theory he conceived his lectures on the Science and Stratification of Language, or on the Science of Religion? Does Lord Kelvin find his faith shaken because the disproportion between his chronological estimates and the time exacted by Sir C. Lyell and Geikie for the evolution of geology is as damaging as the discrepancies in chronology between the views of Archbishop Usher and those of any modern theologian?

Similar queries might be addressed to the representatives of other sciences—to the historian, for instance; for surely the presumption that they are entering the lists against the theory of evolution is delusive? Unless, indeed, Dr. Kidd means the mere annalist, who was by turns the delight or bane of our boyish days. The true historian is a student of sociology, and the great exponent of this science tells us that "sociology is the study of evolution in its most complex form." Even where writers like Froude and Kingsley demur to Herbert Spencer's position that there is "natural causation throughout the actions of incorporated humanity," their method of treating history is in tacit agreement with this view. Finally, so far as the archaeologists are concerned, I might consult our authority here on the subject, Dr. Sturge; but if he were asked whether the few missing links in his beautiful collection of implements, that illustrate the evolution of the axe from the rude palæolithic celt to the keen instrument of the modern American backwoodsman, had led him to believe any less firmly in the truth of the theory of transformism I am sure his answer would scarcely be favourable to the position assumed by Dr. Kidd. I remain, Sirs, yours faithfully,

Nice, Dec. 1st, 1894.

A. W. GILCHRIST.

"DEATH UNDER CHLOROFORM IN A DENTAL SURGERY."

To the Editors of THE LANCET.

SIRS,—Knowing nothing of the case beyond what I have read in the annotation under the above title in THE LANCET of Dec. 1st, I make no comment on this the latest fatality from chloroform in the dentist's chair, nor would I suggest that the employment of the chosen anæsthetic was not fully justified by special circumstances which may have existed; but after an experience of over a quarter of a century in hospital and private practice I do venture most emphatically to affirm that the cases of dental operation in which chloroform or ether can be considered indispensable are so rare that practically it may be said the use of these always dangerous agents in ordinary dental surgery is unjustifiable. Nitrous oxide gas is *par excellence* the dental anæsthetic. The cases in which it does not in every way suffice are highly exceptional, and much more can be done with it than seems commonly supposed. In the few instances in which a large number of teeth need to be extracted—teeth beyond the reach of conservative treatment, which nowadays is able to save so many—it is, as a rule, not necessary to remove all at one sitting. There is, moreover, no difficulty in giving gas on one occasion repeatedly, or at least two or three times in rapid succession. In many cases, a few teeth or stumps having been drawn and the effect of the anæsthetic passing off, the inhaler can be reapplied, anæsthesia again induced, and more extractions can be performed without the patient regaining consciousness. In cases where the jaws are closed in consequence of inflammation extending from around molars or "impacted" wisdom teeth, and gas anæsthesia would not afford time to force the jaws apart and remove the offending teeth, the operation may be divided into two parts. The mouth may be first opened by the screw gag, and then the gas may be given again for the extraction. In most cases the second administration may be begun before the effect of the first has entirely passed off, and the patient may be as effectually spared both terror and pain as with any other agent. In the very few dental cases where chloroform is really called for it ought never to be given in a chair. The patient should always be recumbent, undressed, and prepared in the way usual when surgical operations are contemplated. The patient may recline on an ordinary couch, with the shoulders raised on pillows and the head thrown slightly back, the dentist standing either on the patient's right or behind the head. In one or other of these positions the operator can conveniently deal with any tooth in either jaw. I remain, Sirs, your obedient servant,

3 Cavendish-square, Dec. 1st, 1894.

HENRY SEWILL.

THE ANTITOXIN TREATMENT OF DIPHTHERIA.

To the Editors of THE LANCET.

SIRS,—With many others I anxiously hoped that in antitoxin we had found, if not an antidote to diphtheria, a useful adjuvant to the treatment of that disease. Personally, I have been disappointed, and I give below the results of my experience with "Aronson's" preparation. My first case this autumn was that of a boy aged eight years who showed membrane covering both tonsils, uvula, and soft palate. The case was a severe one, but fortunately confined to the faucial region. Treated with iron, sulphurous acid spray, and good feeding the initial stage was passed through. Paralysis set in, but eventually recovery took place, and the boy is now well. A month afterwards his cousin, aged seven years, living in another neighbourhood, was taken ill with croupy cough; his tonsils showed patches of membrane, which had obviously invaded the larynx. Twenty minims of antitoxin were injected, with marked temporary recession of fever and acute symptoms; the respiration being impeded tracheotomy was performed, but the child, a very strong one, died of cardiac failure four days after the injection. In this case the rapid shedding of membrane was a grave source of danger, as the wind-pipe was constantly blocked, and was obliged to be cleared with laryngeal forceps. The patient had begun to recover from the membranous stage when he suddenly died. My third case, which I only mention because it infected the fourth, occurred in the Isle of Man. The true nature of the disease was, I think, overlooked, but I found, when first