the company of transcendental theories of heredity which have nothing to do with the subject, by one who professes to take his stand upon scientific grounds. Dr. Reid's edifice, built upon a solid scientific base, is to be ignored while Dr. Clouston raises flags in exultation over half a dozen loose bricks. But your correspondent is not content to magnify the importance of a few physiological experiments and microscopic pathological facts and to proclaim Dr. Reid's work to be of no importance; he goes on to use the vague stock utterances of those to whom nobody looks for scientific enlightenment. What ground has he for the assertion that "adverse hereditary influences" and "toxic interference with the germ plasm," &c., "make for national decay"? How does he propose to prove that drunkards "hand down a progeny with all their own tendencies accentuated"? If he possesses evidence to prove these statements then, Sirs, once more let us beg that it may be forthcoming. But if, like "M.D., B.S. Lond.," and Mr. A. Marsden, your correspondent shrinks from being hailed the first great discoverer of this century—the discoverer of a transmitted acquired character—I trust that at least he will examine the contentions of Dr. Reid more closely.

Dr. Clouston's second letter, curiously enough, is directly concerned with the doctrines he declares to be of no account, but he has exercised his mind during a week only to collect opinions similar to his own that the acquired effects of disease and alcohol are transmissible. It ought to be unnecessary to remind Dr. Clouston that preconceived opinions do not alter facts and often must vanish before a scientific exposition of facts; he will find confirmation of this truism in the history of Darwinism and of Listerism and of every epoch-making theory, and also, alas, precedents for his own remarkable attitude. Even in recent times the opinions of the medical profession have, despite opposition such as your correspondent now offers, undergone transformation—e.g., regarding the transmissibility of tuberculosis and even regarding the value of alcohol in the treatment of disease. His appeal to authority is of no scientific value—nay, it is of no controversial value—in face of the fact that Dr. Reid's views have lived already for over five years and that not one of his arguments has been proved fallacious by his crowd of assailants. If Dr. Clouston had read "The Present Evolution of Man" he would not have found it necessary to inquire for Dr. Reid's proofs that neither disease nor drink affects the offspring; he will find them in that book founded on Darwinism, on Evolution, which he will remember Huxley pronounced to be no longer a speculation but an historical fact. A study of them will place him in a position to bring forward any conflicting evidence which he may possess or will compel him to go through the painful process of revising his convictions.

The last point to which I must refer is contained in the following sentence: "Another thing the medical profession is specially fitted to do, and that is to judge rightly the safe limits of the pleasures and the social and personal amenities which alcohol in physiological quantities may secure, and to pick out the persons who can safely indulge in such pleasures." This I take to be a grave statement that Kraepelin's experiments or some other researches which are not specified have conferred on the profession the power to measure with precision the personal equation in regard to alcohol. But we are left to wonder how the power is cultivated, whether it is anything more than that possessed by every good judge of character, and how the statement quoted is to be reconciled with the equally emphatic one of those who maintain on the ground of experiment that alcohol is injurious to all men, even when taken in moderation. Why does not Dr. Clouston in the courage of this conviction propose amongst his legal provisions an examination of every individual at the right age by a board of experts in order to determine this personal equation and issue certificates permitting the proper amount of pleasures and amenities? Perhaps Mr. W. S. Gilbert may be induced to supply the omission. It is scarcely necessary to examine in detail the proposals for legal provisions with which Dr. Clouston's first contribution closes. He is no doubt aware, even if he has perused Messrs. Rowntree and Sherwell's admirable work only in a cursory manner, that practically all of his proposals have been tried on a large scale in America, New Zealand, Scandinavia, and elsewhere and have failed dismally; but he advances no reasons why such measures, even when rechristened "scientific," should be successful at home.

Allow me, Sirs, with all deference, to suggest to your correspondent that it is unfair as well as unscientific first to

proclaim as of no account, then to condemn on no evidence, and lastly to misrepresent views with which he is not in accord. Whatever may be the characteristics of "the pursuit of a fatalistic inertia" nothing can be further from the truth than to suppose that the Reid doctrine implies in regard to alcohol that natural selection must be left to take its course, or to suppose that there is any desire to "put a spoke in the wheel of health reform and social amelioration." Dr. Clouston evidently is unacquainted with Dr. Reid's remedy just as he is with his facts. The Reid school takes its stand on science, is zealous for the race as well as for the individual, and believes that they may be benefited together once the true (and at first sight not obvious) scientific facts are recognised more generally.

I am, Sirs, yours faithfully,

H. LAING GORDON.

Honor Oak-road, S.E., April 15th, 1901.

To the Editors of THE LANCET.

SIRS,—After Dr. T. S. Clouston's able defence in THE LANCET of April 13th, p. 1103, of the position taken up by me in my letter of March 23rd, p. 892, I need scarcely trouble you with any further remarks in reply to Dr. Reid's onslaught. After reading Dr. Reid's letter I could only conclude that he knew nothing of the homes of the drunken poor and the lives that their wretched offspring have to live and that the lessons of all past sanitary and social reforms have been lost upon him. We have heard of the "ocean and the broom" before, but will Dr. Reid please tell me if the chances of two young pretty girls growing up into healthy, respectable mothers are the same, when you place one behind a bar and the other in, say, his own house, to look after his children? There seems to be a difference of point of view in the case of Dr. Reid (and other members of the Society for the Study of Inebriety) and that of social reformers. I agree with Dr. Reid that if you surround a drunkard with public-houses and give him his freedom no legislation will make him sober, but I still maintain that society has the power to limit the creation of drunkards. I am, Sirs, yours faithfully,

April 16th.

M.D., B.S. Lond.

CONTINUOUS ADMISSION OF AIR DURING ETHER ANÆSTHESIA.

To the Editors of THE LANCET.

SIRS,—Some months ago I pointed out in THE LANCET the ease with which chloroform could be administered from a Clover's ether inhaler when the bag had been removed. Modifying the same idea to the administration of ether, I find that, after inducing full anæsthesia with nitrous oxide followed by ether, it is possible in many patients to maintain the anæsthesia with the bag removed and the indicator turned nearly or quite on to full. By so doing the patient gets a supply of fresh air mixed with the ether at each inspiration, instead of one or more inspirations of air at intervals when the face-piece is raised, the patient between these intervals breathing in and out of the bag. The supply of air is thus made continuous instead of intermittent. The result is that the asphyxiation symptoms of ether anæsthesia are largely avoided, the breathing being comparatively quiet and the face pink instead of cyanosed, these differences being very marked. The method involves the use of a larger amount of ether than when using the bag, but this is more than compensated for by the improved type of anæsthesia.

I am, Sirs, yours faithfully,

C. HAMILTON WHITEFORD,

Senior Anæsthetist, South Devon and East Cornwall Hospital.

Plymouth, April 12th, 1901.

MAJOR-GENERAL BADEN-POWELL'S DESPATCH *re* MAFEKING.

To the Editors of THE LANCET.

SIRS,—The following appears in Major-General Baden-Powell's despatch: "Victoria Hospital (Base Hospital), 70 beds: Major Anderson, R.A.M.C., principal medical officer: Dr. W. Hayes (*acted as P.M.O. during the first part of the siege*), &c., &c." Further on again: "On outbreak of war," the General writes, "I took over the Town Hospital [Victoria Hospital], but at first the administration was not satisfactory, on account of the want of supervision over