

were subsequent to it? What, then, of these remarks by Mr. Alexander Wilson? "The symptoms in these cases indicate that the primary lesion is a paralysis of the circulation." "The first warning of danger is a change in the circulation." "The practical point is that in these cases the first warning of danger is exhibited by a change in the circulation." "It cannot be too much insisted on that as the primary lesion is in the circulation to the circulation must we look for the first signs of danger and to the improvement of the circulation must treatment be directed." They are all entirely pointless. Since the first sign of danger was in this case abnormal respiration it is scarcely worth while to pay any more attention to the remarks based on the opposite supposition.

With regard to treatment, the indications are plain: maintain absolutely regular respiration from beginning to end of the anæsthesia; do not early in the anæsthesia give the vapour in such concentration that the patient holds his breath; remember that a strength of vapour which one man will breathe with ease will so irritate the laryngeal mucous membrane of another that there will follow spasmodic adduction of his vocal cords and holding of the breath; and remember, too, that during all this time the chloroform imprisoned in his lungs is being absorbed with perhaps fatal effect. Later, too, be equally careful to maintain regular breathing, remembering that irregular breathing may mean either too much or too little chloroform (a point to be determined by other signs), and that either condition is one of considerable danger. With regard to the giving of ammonia vapour bear in mind that it equally with chloroform vapour may produce laryngeal spasm in the first stage of chloroform anæsthesia and plunge a patient from a condition of comparative safety into one of imminent danger. Seeing that Mr. Alexander Wilson has published several chloroform fatalities in his own practice, and that he makes a special point of the danger from syncope due to chloroform poisoning, and therefore presumably takes special pains to note the state of the circulation during his chloroform administration, would it not be worth his while in the future to direct his attention to merely maintaining regular respiration? The result, should he do so, can scarcely fail to be satisfactory to all concerned.

I am, Sirs, yours faithfully,

CLAYTON A. LANE, M.D. Lond.,

Mussooree, Oct. 19th, 1898.

Lieutenant, I.M.S.

"A DEFENCE OF THE MIDWIFE."

To the Editors of THE LANCET.

SIRS,—In your annotation under the above heading in THE LANCET of Nov. 12th, pp. 1283-84, you say: "No Midwives Bill which we have yet seen contains any provision for ensuring that in every serious case a lying-in woman, however poor, shall have the benefit of qualified medical attendance, and without such provision no Midwives Bill should pass." In my Sick and Obstetric Nurses Bill, already reviewed in your columns, special provision is made for this very thing and by Clause 3: "It shall be unlawful for any person (male or female) to assume the title of midwife, or to practise as such, or to act as a sick or obstetric nurse for gain or otherwise, without the supervision and control of a fully-qualified and registered medical practitioner. Any person infringing this provision and neglecting or refusing to send for medical or surgical aid at or immediately after a confinement shall be liable to a fine of £10 or imprisonment for a month in default." Surely this is strong enough and the *modus operandi* is worked out in the schedules to the Bill. The Bill is printed in full in the *Medical Magazine* for March, 1898.

I am, Sirs, yours faithfully,

East Sheen, Nov. 14th, 1898.

ALEXANDER MCCOOK WEIR.

"THE ETHICS OF CLUB PRACTICE."

To the Editors of THE LANCET.

SIRS,—I have read with interest and fellow-sympathy the letter *re* the above in THE LANCET of Oct. 15th. Leaving the possible legal obligation to pay the bill out of the question, should "Beta" pay it he will find that the smoothness and friendly feeling which have characterised his relations with the club members for thirty years will speedily disappear and that it will only be the

thin edge of the wedge and the signal for other malcontents to be on the war-path, and that he will very soon be pestered with similar bills from quite unexpected quarters on account of some fancied neglect, and if he makes the dangerous precedent he will find a large hole made in the receipts from his clubs. So long as clubs exist so long will like cases crop up. There are always so many malcontents who are never satisfied, and very often it is those who get the most attendance who are the first to turn round and accuse you of neglect and will frequently tell you quite straight that because your money is sure you just do as you like. Then the medical practitioner, on the other hand, is called out over and over again, often at night and at unreasonable hours, to cases that are quite trivial, and if he dares to demur he is told that "he will be reported" or "he *must* come," or "he will be made to come or someone else will be called, and he will be made to pay the bill."

One knows when a message comes to attend a private case that it is necessary, but to attend a club case out of hours is in a great many cases unnecessary. The members pay so much and they must have their pound of flesh. Who of club doctors has not experienced the big strong man come to the surgery and after untying several large handkerchiefs hold out a slightly abraded finger, or slight crush, or small cut from a pocket-knife, &c., &c.? Who has not seen his surgery filled on a fine summer evening chiefly by women, who have just been passing the surgery during a walk and just dropped in to see what the medical man says about some very trivial matter, not only trivial in the doctor's estimation, but one which would be trivial also in a private patient's eyes? The private patient would not waste a fee on such a small matter, but the club patient has nothing more to pay no matter how often he consults his surgeon, so he abuses his privileges. All this is very degrading, but will exist so long as clubs exist—and I suppose that will be until the end of time. If one could get club members to understand, as you point out in your leading article in THE LANCET of Oct. 22nd, that the medical man must himself, and he only, be the judge as to the urgency of the cases and the order in which they are to be seen things would go more smoothly. I think the great majority of club doctors will agree that I have in nowise overstated, in fact have understated, the annoyances attached to club practice. Clubs are pernicious for both sides—they take from the doctor his dearest possession, his independence, and very often put the club member in a false position.

I have never seen a club yet, and that may seem a sweeping statement, which did not possess its malcontents—some fewer, some more—and it is from them that bills for attendance emanate. "Beta" should strenuously resist paying. The matter will be brought before a meeting of the committee and he will probably find that it will decide in his favour, though most likely, so as to mollify the malcontent, with a rider or suggestion, if not actually a warning, to be more particular in future. "Beta" is singularly fortunate in having been thirty years without such an experience.

I do not wish to seem at all to class the whole of the members of clubs as so inconsiderate—quite the reverse. The great majority are grateful for your attention and will thank you for coming during the night or at inconvenient hours and will express regret at having to trouble you, and it is a pleasure to attend such people, for who does not appreciate gratitude? The mere monetary consideration is not everything. I hope I have not trespassed too much on your space.

I am, Sirs, yours faithfully,

Oct. 29th, 1898.

CONSTANT READER.

THE FEE FOR THE REGISTRATION OF DIPLOMAS IN PUBLIC HEALTH.

To the Editors of THE LANCET.

SIRS,—In the "Abstract of the Principal Laws Affecting the Medical Profession" contained in a recent edition of the Medical Directory I read under "Registration" that "a registered practitioner who obtains a recognised diploma for proficiency in sanitary science, public health, or state-medicine after special examination in the United Kingdom is entitled to have such diploma entered in the Register," and further that "any registered person who obtains any of the qualifications mentioned above other than the qualification in respect of which he was registered is entitled to have such additional qualifications inserted in the Register on payment of a fee of 5s." Recently