association of its inmates." Such a sweeping assertion this should not be made without showing that the prisoners guilty of these crimes had been previously in prison, and there received their "moral debasement." Immorality is a very generic term, but the species to which allusion is here made is evidently some form of sexual debasement. No doubt habitual criminals are usually defective in moral and intellectual development, but that they are more prone to sexual debasement than other classes of society I very much question. Their irregular habits of life and poor living do not contribute to sexual excesses; and certainly venereal diseases are not more common among them than among respectable members of the community.

Association in prisons chiefly takes place in the hospitals, and in the wards set apart for epileptics and the mentally and physically infirm. For this the medical officers are mainly responsible, and I think they have a right to expect more sympathetic treatment in the discharge of their onerous and responsible duties than they have received from the leading medical journal. In hospital it is wise to isolate notorious criminals when there is not much the matter with them; but when they are seriously ill, I, for one, think that discipline should give way to the dictates of humanity. Prisoners are human beings, and when "sick and in prison," our common Christianity should teach us that they should be kindly treated. The association of sick prisoners is an important element in effecting their recovery. When in hospital they are not in a frame of mind for corrupting one another, and the kindness which they there receive shows them that they are not regarded as outcasts from society for whom no one has any sympathy. A short time ago there came under my observation a prisoner of an introspective turn of mind, who was in isolation, and who was quickly drifting into melancholia. A few weeks' residence in hospital with other prisoners quickly restored him. I know no hospital in the kingdom where a rigid system of isolation is carried out, and I hope it will be a long time before such refined cruelty is introduced to our prison hospitals.

That a murder should have taken place in a prison is a most deplorable occurrence, and one which required and received a strict investigation, not only, as you say, by the prison authorities, but also by Mr. Justice Grantham at an assize court. This shows the difficulty of having any human system perfect. In prisons every defect is remedied as soon as discovered, and means taken to prevent its recurrence. In respect of management, I believe the prisons will compare favourably with any of the large institutions of the country. Some time ago a murder was committed in one of our large asylums, and the culprit was sent off to prison to await his trial without one word as to his mental condition. Such a casual mode of procedure could not occur in prison, where it is the duty of the medical officer to record any mental or physical peculiarity on the transfer of a prisoner. For many of the improvements in prisons effected during the last twelve years, including better health, lessened death-rate, improved lighting and ventilation, the medical officers deserve some meed of praise rather than your stinging innuendoes.

I am, Sirs, yours faithfully,

JAMES BARR,

Medical Officer, H.M.'s Prison, Kirkdale.

Liverpool, Nov. 10th, 1890.

To the Editors of THE LANCET.

SIRS,—Dr. Vicars, as a member of the executive committee of the Howard Society and one who has "had a wide experience of various prisons during the past twelve years," states that cell association of prisoners is very uncommon. The Howard Society, with Mr. Tallack for its secretary, on the other hand, reports in its journal that the allotment of one cell to several prisoners is a common thing. Accordingly, one would say that this Society's journal is drawn up by its secretary, and not by its executive committee. You, Sirs, in your very influential journal, write that the Howard Society's "claims on public support we would once more heartily commend to our readers, along with its publication." But your readers, noting the above-mentioned discrepancy in the management of the Howard Society, may, after inquiry, come to think that it is a meddlesome and unnecessary association—a Society not justifying its existence, especially as sufficient public safe-

guards against abuses in prisons undoubtedly at the present time exist.—I am, Sirs, yours faithfully,

Canterbury, Nov. 9th, 1890.

PUGIN THORNTON.

* * Nothing was further from our intention than to disparage even indirectly the valuable services of prison medical officers, and we cannot but regret that Dr. Gover and Dr. Barr have thought it needful to protest on their behalf against our remarks, which, in our minds, had no such personal reference, but should rather be associated with the system under which the abuses commented on occur.—ED. L.

THE MIDWIVES' REGISTRATION BILL AMENDED.

To the Editors of THE LANCET.

SIRS,—Will you allow me to call attention to a few of the most serious flaws in the above Bill?

Clause 2 gives the Medical Council the power to frame rules regulating the admission to examinations, course of study, qualification of examiners, method, period, and subject of examinations. The idiotic point is that although such rules are to be drawn up, the Medical Council is not given the power to see that their regulations are carried out. What virgin innocence! Clause 3 makes the County Councils appoint examiners, grant diplomas, and publish a County Midwives' Register. Now what does a county or city council know about appointing midwifery examiners? It would be only a political job. The Medical Council might do so, but then they have stoutly refused to have anything whatever to do with the *administering* of such an Act. Although the County Councils are given the right to grant diplomas, they are forbidden the right to remove midwives guilty of malpraxis &c. from their Register. Another example of virgin innocence! Universities and colleges can take their diplomas from students. Clause 4 says that the Privy Council—not the Medical Council—shall provide for "the supervision of the examinations"! This will be a difficult and expensive task, for there must be over 150 County Councils and county boroughs. Besides, this number may be made up to 500, as Clause 3 (2) provides that persons be examined "within a reasonable distance from the place where they reside."

Clause 6 says a midwife may practise in the United Kingdom, yet Clause 8 places the Scotch and Irish midwives under quite different and unfair regulations. The same clause says midwives are to attend "normal labours only." What is a normal labour? What will happen if they attend at normal labours? Why, nothing; for no penalty is provided! Clause 9 will allow 13,000 old women to enter the Register *without any examination whatever*, and to keep 13,000 unqualified assistants. Clause 16 (2) says that "no private person" is to have the power of prosecuting a midwife without consent of the Attorney-General. As a rule, any person can issue legal proceedings against any other person, and if the judge thinks there has been "vexatious litigation," he makes the plaintiff pay all costs. But the sweet innocence of the draftsman of this Bill takes care that no midwife shall be liable to prosecution. Happy midwives!

I would urge, Sirs, that each local body of doctors meet and protest against this Bill, and forward such protest to their member of Parliament; also that they pass a resolution calling on training schools for midwives to take immediate steps to (a) improve the training of pupil midwives, (b) lengthen their period of study, (c) increase the stringency of their examinations, (d) keep a register, and (e) grant their diplomas on the understanding that the school possess the power of withdrawing for a time, or for altogether, their diploma from the midwife. It is full time this craze for getting an Act of Parliament is put a stop to. It is now on the carpet that medical and surgical nurses are to be State registered. Is the monthly nurse to have a Bill to herself? What about the masseur and the St. John Ambulance pupil? I shall be glad to hear from anyone willing to take a part in opposing this Bill.

I remain, Sirs, yours faithfully,

ROBERT REID RENTOUL, M.D., M.R.C.S.

Liverpool, Nov. 11th, 1890.

* * We insert to-day the last of several communications from Dr. Rentoul, pointing out what he regards as the "most serious flaws" in the amended Registration Bill.

In some of the objections we agree with Dr. Rentoul. In others he allows his strong feelings to lead him astray. For example, he says that a prosecution against a midwife is not to be allowed to private persons save with the consent of the Attorney-General. The clause he quotes says "with the consent of the Attorney-General, or of the County Council." Surely this is an alternative that should be stated. Again, he makes much of the Medical Council being required to frame regulations from time to time respecting the education and examination of midwives, their examiners, &c., and yet not being granted the power to see that these regulations are carried out. The Medical Council has declined such a function. But power is given to the Privy Council to make regulations for securing the due supervision of examinations and punishing midwives who are disobedient or who act disgracefully, and it is obvious that the Medical Council would have a strong right of remonstrance if the regulations it advises were disregarded. Indeed, Clause 2 gives power to the Council to make new rules. So on throughout. Dr. Rentoul's objections deal with matters of detail, in regard to some of which there should be no difficulty in procuring reasonable amendments. Perhaps his strongest point is the effect of the Bill in putting the existing midwives on to the Register. But will Dr. Rentoul tell us of any instance in the history of legislation where existing practitioners were not similarly treated? Moreover, Bill or no Bill, these women are in practice, have legal rights, and powers of recovery. The whole effect of the proposed legislation is to make the assumption of the title of midwife more difficult than it is now, and to reduce the numbers of a class already too numerous. Surely, everybody must wish to see such a reduction. If Dr. Rentoul thinks it to the interest of the medical profession to continue the existence of the "13,000 old women" (for the most part without fitness or qualification) as midwives, we do not so understand either the interests of poor women or of the medical profession, and we have a strong conviction that if Providence had designed parturient sufferings under an ignorant midwife's attendance to such a nature as Dr. Rentoul's, he would have written a most powerful argument for immediate legislation for improving such practitioners out of existence, which is what the Bill will do.—ED. L.

THE CURE FOR CONSUMPTION.

To the Editors of THE LANCET.

SIRS,—With Koch's recent brilliant discovery man takes another step forward in his evolutionary career, obtains yet a little more control over circumstances, makes yet a little further advance towards complete correspondence with his environment. Nor is it now deemed over-sanguine to predict that this is but the prelude to other triumphs of a similar kind, and that the time will not be long delayed when others of his fell enemies, such as malignant tumours (themselves, who can doubt, parasitic, like tubercle), shall succumb to treatment. An important and oft-mooted question hence now forces itself upon us with peculiar insistence—whether, namely, the human race actually benefits in the long run by those artificial checks upon the operation of natural selection, to the number of which increasing knowledge is continually adding. Manifestly, by artificially rescuing from death those who are prone to disease, we increase the racial predisposition thereto, and lower the standard of health. The individual with a compound astigmatism wears eyeglasses; another, a truss to keep up a hernia; a third, elastic stockings for varicose veins; again, another has been operated upon for vesical calculus; and all probably have been inoculated against small-pox (soon it will be against tubercle too). But the result in any case is not perfect health. There is at the best but a patching and a propping, often felt to be so imperfect that the cry is raised, "Were it not better not to be!" Thus we have to face another question, this time an ethical one. How far is an individual who has been

artificially rescued from the death that would have resulted from an innate weakness justified in leaving posterity to continue a like maimed existence? I merely raise the question; I do not in the narrow limits of a letter attempt fully to answer it. All I will say is that the artificial interference with the operation of natural selection does not lead to such disastrous consequences as might at first sight appear. But, with regard to tubercle, I am convinced that it is far more frequently the result of unfavourable circumstances than of inborn weakness, and notably among the poorer classes—in other words, that the soil favourable to the tubercle bacillus is far more frequently acquired than simply inherited. I presume none will deny that among children, at least, the condition of tissue which harbours the tubercle bacillus is generally that afforded by the so-called "strumous" diathesis. But what is this but a more or less faulty state of nutrition, the result of unfavourable external conditions? I have never yet seen in a child an example of this diathesis owning any other source. To put this statement in another way: If we suppose that the strumous diathesis is met with among the children of the very poor in London in the ratio of 20 per cent. (a very low estimate), then I venture to say that if this unhappy percentage were fed from earliest infancy on healthy mother's milk, and subsequently brought up in country air, under perfectly sanitary conditions, the strumous diathesis would be practically reduced to *nil* among them. On the other hand, it must be granted that tubercle may develop in individuals who are in no wise strumous, sometimes striking down some of the apparently most perfect physical specimens of humanity, and I would throw it out as at once a possibility and a hope that in the far future it may be to this class, and to this class alone, that it will be necessary to apply Koch's method. For the strumous diathesis is not the result of an inborn weakness, but of a fundamentally wrong environment, and should surely be dealt with as such.

I am, Sirs, yours faithfully,

Guilford-street, W.C., Nov. 11th, 1890. HARRY CAMPBELL.

CHLOROFORM ADMINISTRATION IN NASAL OBSTRUCTION.

To the Editors of THE LANCET.

SIRS,—If complete nasal obstruction exists, and the mouth be closed, it is obvious that the air-supply is cut off. This sounds like a truism, and yet I am not aware that it has received due attention. It is, I believe, routine treatment, or was, in chloroform narcosis, when the breathing became embarrassed, to open the mouth and pull forwards the tongue; but whether it was fully recognised that the impediment to the entrance of air was frequently caused by obstruction other than that due to spasm of the glottis, a falling back of the tongue, recession of the epiglottis, I am not prepared to say. I was myself until recently unacquainted with the fact.

Perhaps a case will better illustrate the point. A boy, the subject of post-nasal growths, was anaesthetised, or rather the attempt to anaesthetise him was made in the ordinary way by means of a Skirner's apparatus. I say attempt, for from an early period the breathing became embarrassed, and but little air or chloroform vapour was inhaled. The respiration was shallow, there was much sinking in above the clavicles, and these symptoms were not materially relieved by elevation of the chin. Some time before the conjunctival reflex was abolished breathing became imperceptible; the chloroform was removed, the chin strongly elevated, and breathing somewhat deepened again. The mouth all the time was tightly closed, being opened eventually with difficulty. The moment, however, that this was accomplished the breathing became free and he was quickly narcotised. Later, in the course of the operation, an accident occurred which again proved the necessity of the open mouth. The gag slipped, the mouth closed, and the breathing immediately became embarrassed again. It was simply open mouth, for the tongue was not interfered with, neither was the chin raised. I take it, in such cases as these, the ordinary method of raising the chin must be abandoned, for, the nose being obstructed, elevating the chin will close the mouth, and thus cut off the only air portal. If a gag be inserted and but partly opened, the difficulty will be overcome. The case