that everything hinges on the question of supply. Unless an army in the field, and especially in a winter campaign, can be well fed and clad it cannot be kept in health and what may be termed fighting fettle. The Russians have, we believe, been very successful hitherto in their commissariat arrangements. Can these be maintained, with a sufficient supply of ammunition also, on the railway service which they have, or hope soon to have, at command?

The special committee of the Grand Duchess Elizabeth Theorodovni has received from General Kuropatkin a telegram in which he observes that from the beginning of the war to Dec. 13th, 1904, 1090 officers and 19,815 privates have been sent back to Russia; of these 520 officers and 5085 privates were wounded. Of the total number of privates sent home, 2897 had their discharge from the service because of unfitness through their wounds, and 5999 were released from service for one year.

Correspondence.

"Audi alteram partem."

THE ASYLUM MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—Your correspondent "M.B.," in the issue of THE LANCET of Dec. 31st, 1904, p. 1888, draws attention to a great blot in asylum organisation—viz., the poor pay and the enforced celibacy of the second medical officer who often is, and always should be, the deputy medical superintendent. The medical staffs of asylums in England are still far from adequate to the work they have to do and compare most unfavourably with those provided in continental and American asylums. This relative inadequacy is still further increased by the vast amount of statutory clerical work in the English asylums which occupies much time and diverts attention from more important matters. If the second and third medical officers in our large asylums were paid and accommodated in a manner that would admit of their being married much good would result in the treatment of the insane. Little progress in this direction can be hoped for until the treatment of the insane is placed under the direction of a "Minister of National Health."

The Lord Chancellor under existing conditions is physician-in-chief to 100,000 insane sick persons, with the result that the Lunacy Commission is not organised as a medical but as a legal body, in which the medical element is so outnumbered and so overburdened that it is practically powerless. Hence the predominant idea in regard to asylums is to place legal matters first and medical treatment a bad second. Until this mediæval absurdity is abolished and asylums placed under a medical authority there is no possibility of reform in this or many other much more grievous methods of lunacy maladministration.

I am, Sirs, yours faithfully,
H. RAYNER, M.D. Aberd.

Jan. 9th, 1905.

To the Editors of THE LANCET.

SIRS,—I am glad to find that the grievances of assistant medical officers in asylums for the insane have at last been given publicity in the columns of THE LANCET, and while "M.B.'s" letter in your issue of Dec. 31st seems to refer chiefly to county asylums, from my own experience the same restrictions seem to apply to those in private asylums. In the latter the medical superintendent has an even greater power than he has in the former. "M.B.'s" letter, had it been written by myself, could hardly have expressed my experience more exactly. Leave of absence ought not to be subject to the moods of the medical superintendent. He can, and in most instances does, go out and about as he thinks fit, but if an assistant medical officer wishes to go off duty he has to ask the superintendent before he can do so. Again, leave ought not to be confined to so many hours a day or week, but one ought to be able to reckon on having a night off once a month, as is the case with nurses and attendants in some asylums, and a week-end once a quarter would not be asking too much when one takes into consideration the nature of the work and surroundings. Again, a superior officer ought not to be able to interfere with the prescriptions of the inferiors. Yet this I have frequently

seen done and that without any sort of consultation between the two. In fact, I have known a superior officer tell his inferior that he "would not give such a drug to his patients," in spite of the drug in question being one in use daily for the disease under consideration. It is this overbearing conduct that gives rise to a great deal of the dissatisfaction that exists in institutions. I trust the Commissioners will now inquire into the conditions under which assistant medical officers work, as they have done in the past in the case of nurses and attendants.—I am, Sirs, yours faithfully,

Jan. 3rd, 1905.

MEDICO.

THE TREATMENT OF PARALYSIS IN CHILDREN.

To the Editors of THE LANCET.

SIRS,—I have read with much interest Dr. Alfred A. Mumford's article in THE LANCET of Jan. 7th, p. 16, on the treatment of paralysis in children, which I am sure will be very useful by calling attention to the advantages of systematically encouraging voluntary movement in this class of cases. I am convinced that this is by far the most efficacious method of treatment and I thoroughly agree with Dr. Mumford's statement that "every fresh effort made by the child, and especially every successful effort, in achieving a new organised movement becomes in its turn a very potent therapeutic agent." It is astonishing to observe at how early an age a child can be taught to make systematic movements and I have for many years been in the habit of treating quite young children by having them taught to practise voluntary muscular efforts against resistance. In a book on orthopædic surgery published in 1881 I wrote: "The consequence of this [infantile paralysis] is a disturbance of the muscular equilibrium whereby the opponents of the paralysed muscles having no opposition to their action become gradually shortened and their function being in abeyance they also lose activity. Thus the paralysis of one set of muscles leads indirectly to the disuse and loss of power in others and a limb may be rendered almost useless by the paralysis of but a few of its more important muscles."

I would point out, moreover, that in partial paralysis of a limb many movements can be produced by practice in the vicarious action of the muscles, the functional activity of which is unimpaired. The most efficient means of developing the power of an enfeebled muscle is its moderate use alternating with its complete rest. A little ingenuity exercised in the application of this principle to cases of paralysis in children will generally be well rewarded by the resulting improvement. The methods recommended by Dr. Mumford are excellent and I can confirm his experience of the usefulness of the progression on all fours. Of course, deformities which mechanically interfere with the use of limbs must be remedied by tenotomy or other means, but a long experience leads me to protest against applying to young children cumbersome instruments of support which often prevent rather than assist muscular development. The children should be daily encouraged to the voluntary use of the weak muscles, so that the first return of voluntary power, however slight, may be exercised and developed.

I am, Sirs, yours faithfully,

WARRINGTON HAWARD.

Green-street, Grosvenor-square, W., Jan. 10th, 1905.

THE RECENT DISCUSSION ON CHLOROFORM ANÆSTHESIA.

To the Editors of THE LANCET.

SIRS,—May I be allowed to add a few words in confirmation of Dr. F. W. Hewitt's views on the inadequacy of a fixed percentage of chloroform vapour for anæsthetising all types of the human subject? In addition to muscular and plethoric persons, alcoholics, and heavy smokers there are other patients who exhibit a very considerable resistance to the effects of small quantities of chloroform: (a) those who have suffered from tropical fevers—and during the induction of anæsthesia especially; (b) the emphysematous; and (c) the febrile. With regard to the first class I do not know that it has been pointed out before that previous attacks of malarial and other tropical fevers render their subjects extremely difficult to anæsthetise, but in my experience such is the case, and I have records of a number in whom even a concentrated vapour of chloroform was barely