

and was admitted. The following afternoon he was taken to the operating theatre in order that his condition might be thoroughly examined under an anæsthetic. His breathing at that time being considerably hampered by extensive swelling in the submaxillary region and of the tongue, the latter protruding somewhat between the teeth, I proceeded to administer chloroform by means of a drop bottle and Skinner's mask, very gradually and with a free supply of air. The patient appeared to take the anæsthetic well until the onset of the excitement stage, which, as Mr. Michels, who was standing by, remarked, took the form of a typical epileptic fit. I immediately withdrew the chloroform and in a few seconds the fit ceased, but with it respiration also, the patient quickly showing urgent signs of asphyxia. I advised immediate tracheotomy, which Mr. Michels at once performed, with the result that on just compressing the chest regular respiration was restored. An examination of his mouth was then made and the patient put back to bed. Shortly afterwards, in the presence of Mr. Michels, the patient had another apparent epileptic, fit, and again two hours later a third, remaining after each in a semi-delirious condition. He, however, died early the following morning, Dec. 10th, apparently from heart failure. There was no history of epilepsy or Bright's disease. The urine was not examined on admission as the patient did not pass any, having been without food or drink for some time previous to admission owing to difficulty in swallowing.

Post mortem the urine in the bladder was tested and found to contain one-fifth albumin, no sugar, and no blood; the kidneys were quite healthy, both to the naked eye and also microscopically; there were some congestion of the brain, œdema of the lungs, and some old pleural adhesions; all the other organs were healthy. There were an abscess in the tongue and purulent cellulitis of the neck.

The case, to my mind, is interesting for the following reasons: (1) What was the nature of the fits? Were they epileptic or were they uræmic? (2) Was the asphyxia the result of the fit or was it simply due to the condition of the man's neck and mouth?

I am, Sirs, yours faithfully,

ALEX. H. BREWER,

Jan. 13th, 1905.

Honorary Anæsthetist to the German Hospital.

## THE M.D. DEGREE OF THE UNIVERSITY OF ST. ANDREWS.

*To the Editors of THE LANCET.*

SIRS,—My attention has been drawn to a paragraph in THE LANCET of Dec. 17th, 1904, p. 1763. The last Scottish Universities Commission, which finished its sittings in 1897, abolished the old power of granting ten M.D. degrees a year to practitioners of 15 years' standing and 40 years of age which the University of St. Andrews previously enjoyed.

I am, Sirs, yours faithfully,

E. WAYMOUTH REID,

Dean of the Faculty of Medicine, University of St. Andrews.

University College, Dundee, Jan. 11th, 1905.

## THE ROYAL ORTHOPÆDIC HOSPITAL.

*To the Editors of THE LANCET.*

SIRS,—My attention having been drawn to the fact that the name of the hospital has been omitted this year from the Medical Directory, notwithstanding the fact that I made the annual return to the publishers, I shall be glad if you will kindly find space for this letter in the next issue of your journal in order that your readers may not form any wrong impression from this omission.

The hospital, having disposed of its site in Oxford-street and Hanover-square and the amalgamation with the National Orthopædic Hospital of Great Portland-street having, through the initiative of King Edward's Hospital Fund for London, been decided upon, is occupying temporary premises at 55, Bolsover-street, W., in proximity to the National Orthopædic Hospital, where its work is being carried on as usual.

Last year there were 3732 attendances of out-patients; and, by arrangements with the National Orthopædic Hospital, 133 in-patients were admitted and treated by the medical staff of this hospital. This arrangement will continue in force until such time as the amalgamation can be brought about and the rebuilding of the premises for the combined hospitals commenced.—I am, Sirs, yours faithfully,

Jan. 18th, 1905.

TATE S. MANSFORD, Secretary.

## THE BENEFITS OF LARGE ENEMATA.

*To the Editors of THE LANCET.*

SIRS,—The recent pronouncement of an eminent surgeon with regard to the treatment of obstinate constipation by ablation of the large intestine induces me to send you this record of my own personal experience, thinking it may be of value to some of your readers. I am now in my seventy-seventh year. In my early career when a medical student I contracted a very severe attack of dysentery at the time when cholera was very prevalent in London; and some years after on coming to London when greatly exhausted with work I was similarly seized and lost consciousness. The dysentery was most acute and I have a very vivid remembrance of the treatment, prescribed by the late Sir William Gull—viz., large doses of ipecacuanha, which certainly relieved the agony, but nauseated me to such an extent that my remembrance shudders at it still. More than 15 years ago I began to notice that the evacuations were getting smaller and smaller and that the difficulty in gaining effectual relief was becoming serious. I had a long and trying experience with aperients, small doses of castor oil, sulphur, hyoscyamus or belladonna, with soap or colocynth, and aperient waters, but these at first all seemed to do well enough but they became fitful in their time of operation, and being engaged in a large practice this was exceedingly inconvenient and at last became an intolerable nuisance. Moreover, it became quite clear that the contraction of what I presumed to be cicatricial in respect of the history was getting tighter and this led me to consider whether dilatation from below might not prove a very simple and easy means of ridding myself of these daily discomforts. This was the commencement of my use of enemata. I began with a pint of warm water the last thing at night, now more than 15 years ago. Before long I found that this was insufficient and I increased it to one and a half pints and then to two pints, and for some years lately some 56 to 60 ounces. I can always insure a good and complete relief of the bowels and generally I go to sleep about eleven o'clock and sleep till six. I manage to place myself in the posture as though I were lying down, so as to prevent the undue sagging of the intestine from the pressure of so large a quantity of fluid. After I began to use the large injections I gradually noticed that I was enabled to part with larger motions and now one of somewhat larger size proves to me that the calibre of the intestine in the part affected still keeps a grip upon the moving mass. I have not been able to see in my own case the injury thought to result from large enemata. I think there are many advantages. The emptying of the bowel of flatus, of feculent matter, not always perhaps in cases of this nature of the most salubrious type, brings with it refreshing and abundant sleep, removes headaches, and leaves the mind and body clear for the work and thought of another day. I have so greatly benefited by this method myself that I consider my lengthened experience of its value may be worthy the consideration of any who are contemplating the removal of their large intestine.

I am, Sirs, yours faithfully,

Jan. 17th, 1905.

X

## THE CAUSATION OF SEX.

*To the Editors of THE LANCET.*

SIRS,—The letter of "Medicus" in THE LANCET of Jan. 7th, p. 58, is not a solitary observation and his results are confirmed by other if less exact trials of the same general nature. There is little doubt that his observations are perfectly accurate so far as they go, but it is perhaps worth while to observe that there are two large factors which he does not mention though he has probably not overlooked them. He has been needlessly tender with the theory of the "predetermined" ovum.

Of these, the first is the relative age of the parents. It is a point of very considerable importance that the mother whose reproductive powers are senescent is extremely prone to produce male offspring only. This observation seems to be true not only of mammalia generally but also of aves; moreover, it is frequently seen to be true of homo and is a factor quite disassociated from any paternal factors. As a sort of corollary to this factor is the much less marked tendency of the immature sire to beget female issue. This tendency is less marked relatively but it is intrinsically evident enough and more

frequent than the male tendency of the senescent mother though weaker in action.

The second great factor is the at present inexplicable tendency of certain female strains to produce female issue only. This factor is the strongest of all applying to homo, so far as long research will justify the statement. These observations, based on a combination of genealogical and medical studies, can easily be tested by anyone caring to work at the subject and one of the first points to attract the student's attention will be the frequency with which estates coming by the lass go by the same way, often for several successive generations, apparently until an exceptionally virile sire intervenes.

I am, Sirs, yours faithfully,  
MEDICUS ALTER.

Jan. 12th, 1905.

## TAXATION OF HOSPITALS IN RESPECT OF MALE SERVANTS.

*To the Editors of THE LANCET.*

SIRS,—On behalf of the managing committee of a provincial hospital, I would beg you to find room in *THE LANCET* for the insertion of the following which bears upon a subject of great interest to all hospitals. During the month of December an Inland Revenue Form, No. 132, "Declaration for Local Taxation (estab., &c.) Licences," was forwarded to me to be filled up for the year 1904, the suggestion made by the local revenue officer being that one or more of the men engaged in the necessary service of this institution come within the "definitions" for *male servants* given on the said form. The contention of my committee is that all the men engaged here are employed on duties connected with the work and daily routine of the hospital and of the patients therein and not in any exclusive capacity, and, acting under my committee's instructions, I have made a return to that effect. We should be glad to hear through your valuable columns whether similar claim is made in the case of other hospitals either in London or in the provinces, and, if so, what is the nature of the return made from those institutions.—I am, Sirs, yours faithfully,

Jan. 10th, 1905.

A HOSPITAL SECRETARY.

## THE ASYLUM MEDICAL SERVICE.

*To the Editors of THE LANCET.*

SIRS,—I am glad to see by the letter of "M.B." in your issue of Dec. 31st, 1904, p. 1888, that at least one assistant medical officer has the courage to protest against the treatment which is meted out to his colleagues in the asylum service. The present unsatisfactory state of affairs has gone on quite long enough and in the interest not only of the medical staff but also of the patients committed to their charge a change is desirable, even essential. As long as the medical staffs of asylums are content to exist under their present conditions it is useless to insinuate that the fault lies at the door of those in authority, be they Commissioners in Lunacy, visiting committees, or even medical superintendents. The fault and the remedy lie in their own hand. But how few will ever take the trouble to place their views on paper. There are three distinct classes of assistant medical officers in asylums: (1) those who on entering it intend to remain in the service, devoting their lives to the study and treatment of mental diseases and thus in time becoming specialists; (2) those who, newly qualified, seek an asylum appointment in order that they may read for some further examination, on the passing of which they have set their ambition; or (3), those who unable to afford to enter general practice immediately they become qualified take an asylum post with the intention of waiting for a suitable opening in some district which may be known to them. When the opportunity presents itself they leave and are succeeded by colleagues with possibly similar views. To such as these an asylum appointment is but a means to an end. The end having been attained they depart and as a rule trouble no more about lunacy or asylums unless they be called on to certify a patient in the course of their general practice.

In the case of an assistant medical officer who enters the asylum service with the intention of remaining permanently in it the case is very different. He starts full of enthusiasm and hope with an initial salary of anything from £120 to £150 per annum with the usual allowances. Three or four years

pass by and he finds himself with some knowledge of mental diseases in addition to the general knowledge of his profession with which he started, but it suddenly occurs to him that notwithstanding his increased experience in a special science he is still drawing the same salary as when he entered the asylum service fresh from the hospital. His colleagues who are senior to him have little, if any, prospect of promotion in the future. True, they have had more years of service and consequent experience, but their salaries are very little in excess of what was considered sufficient remuneration for him when he entered the service without any special knowledge of lunacy. Then come weary years of waiting, hoping that one of his seniors may be promoted to one of the few vacant medical superintendencies which may chance to occur at rare intervals, and in most cases with resulting disappointment. His senior colleague, should he be unsuccessful in obtaining the post of medical superintendent in some other asylum, is in, if possible, a more hopeless plight. He has given the best years of his life to the study of mental diseases. What is his reward? A salary of perhaps £250 or £300 per annum and should he be over 40 years of age the probability that he may expect no further promotion or increase of salary. Moreover, there is a rule that no assistant medical officer can be married. (I believe there are one or two cases in which the senior assistant medical officer can do so if he likes.)

To the junior members of the staff this is not such a hardship as to their seniors. The pay and accommodation of a junior assistant medical officer put matrimony out of the question but when a senior comes to the age of, say, 40 years he may have some desire to have a home of his own after living for years in two rooms. With all respect for the authorities who govern asylums I would ask, What has a man done who has given the best years of his life to the service that he should be debarred from entering the matrimonial state should he so desire? As far as I can ascertain there is no other branch of the public service in which such a restriction is imposed on the permanent medical staff. It may be argued by those who favour the present system of enforced celibacy in the case of asylum assistant medical officers that a similar rule is in force in the hospitals and Poor-law infirmaries. To them I would point out that in neither case do the medical officers accept their appointments as a permanency. They, as a rule, leave after longer or shorter periods and enter general practice or one of the services, the experience which they gained during their term of office being of immense value to them in their future careers. With the asylum medical officer the case is absolutely different. After some years, as "M.B." correctly states, spent in the treatment of mental diseases a man has become a specialist and is thus more or less unfitted for general practice. The special experience he has gained in the asylum is of comparatively little use to him outside the walls, his duty for years having been more to treat mental diseases than physical ailments. Therefore there is no analogy between the cases.

With regard to the striking differences between the salaries paid to medical superintendents as compared with those of senior assistants I do not for a moment suggest that the medical superintendent, who is according to the Lunacy Act the chief responsible official of an asylum, is paid too much, but I maintain that there is far too great a drop from the medical superintendent with, say, from £800 to £1000 per annum and certain allowances to that of his deputy who, it must be remembered, in the absence of the chief has to take the full responsibility at one-third, or even in a few cases less than, the chief draws. This increase of responsibility, if prolonged owing to the illness of the medical superintendent or other cause, is not always recognised by the committee, or if it is a small honorarium is doled out to the senior assistant medical officer who has discharged the duties of medical superintendent in addition to his own routine work. It must be obvious that in these days of huge asylums the duties and responsibilities which were formerly personally discharged by the medical superintendent have now to be deputed to the assistant medical officers.

The Commissioners in Lunacy in their last report strongly condemned the erection of these huge places, but despite this, committees ignore the recommendations of a body whom the public look upon as experts in such matters and still continue to erect enormous costly "houses for the detention of the insane"—one really cannot call them hospitals for the treatment of mental diseases.

The question of leave is also the source of much complaint