blood into the capillaries and veins with sufficient force to distend them? The cardinal sign of heart failure is pallor due to the capillaries and veins being empty owing to the heart's beat not being sufficiently powerful to drive blood into them. Cyanosis means a heart of some vigour and is incompatible with primary heart failure. In these cases of death under chloroform I know of no cause for cyanosis other than obstructed respiration. In both of these cases the first sign of danger noticed was abnormal respiration and the patients died from asphyxia. Obstructed respiration or asphyxia has its well-known stages—the stage of cyanosis or strongly beating heart and the stage of pallor or heart failure. If one considers that in asphyxia death occurs from heart failure, then one may consistently say that that was the event in these cases. The conditions are identical. Still, in both stages if the initial obstruction can be prevented death will not occur. The lessons to be learnt from these two deaths under chloroform are the usual ones: first, not to give chloroform by rule of thumb whether through an inhaler or not, but to be guided entirely by the symptoms produced; and, secondly, to keep the respiration normal both as regards regularity and free air entry. With these precautions chloroform may be given with safety.—I am, Sirs, yours faithfully,

CLAYTON LANE, M.D. Lond.,
Lieutenant, I.M.S.,

Camp Grinburn, Mishmi Field Force, Dec. 8th, 1899.

SICK AND WOUNDED OFFICERS' SURGICAL
AND MEDICAL AID FUND.

To the Editors of THE LANCET.

SIRS,—I shall be glad to be afforded the opportunity of making an appeal in your columns on behalf of those sick and wounded officers of all services whose means are inadequate to secure that efficient medical and surgical treatment which will often be needed to restore to them, after their return home, the health they have sacrificed in the service of their country.

Amongst the great number of officers who have unhappily been wounded or are suffering from disease contracted on service there will certainly be many who have small private means, and who are not in a position to command the skilled assistance they will urgently need. In many cases continuous treatment for long periods will be necessary. Though to offer assistance in such cases will be a matter of considerable delicacy, nevertheless, I feel sure that it will be generally felt that an attempt should be made to do so.

The undermentioned gentlemen have consented to act upon a General Committee, and to assist the objects of the scheme in every way within their power.

A fund has been opened to which I earnestly trust many of your readers will readily contribute. The provision of accommodation for convalescent patients is a part of our scheme, and I have already received several offers from private persons which I have no doubt that the Committee will be glad to entertain.

Subscriptions may be sent to Messrs. Coutts, Strand, London; the Duke of Abercorn, Hampden House, Green-street, W.; or to the Hon. Arthur Brodrick, 18, Eaton-square, S.W. (Hon. Secretary and Treasurer to the Fund, to whom enquiries may be addressed). Cheques should be crossed "Sick and Wounded Officers' Surgical and Medical Aid Fund." I am, Sirs, yours faithfully,

ABERCORN.

Hampden House, 61, Green-street, W., Jan. 11th, 1900.

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"THE CONFERENCE AT NEWCASTLE AND
THE MIDWIFERY QUESTION."

To the Editors of THE LANCET.

SIRS,—I cannot hope to satisfy the craving of Mr. Haydn Brown's forensic appetite but would like to lay before him the following points arising from his letter—points which I put forward eight or nine years ago and to which I have yet seen no satisfactory solution. Provided that every confinement case is to be once visited by a medical man, would the medical man be willing to go? It would mean an enormous increase in midwifery practice, a branch of practice which, as has been often pointed out, a very large proportion of men encourage as little as possible; it would mean being disturbed three or four nights for every one on which we are at present called out to a confinement. If going was a matter of choice many, in the country at any rate, would, I am sure, refuse. And could it be made compulsory, in either event how is the medical man to be paid? Then—and this to my mind is the chief objection to the proposal as made by Mr. Haydn Brown—would any practitioner care to accept the responsibility which would attach to him after visiting a confinement just once and in any stage? The responsibility for the safe conduct of the whole