memory of the ancient collar of serf-like thralldom. In this pre-eminently unsuitable costume the victims are expected to walk, run, kneel, and even lie down, any deficient display of quickness or activity being visited with reprimand or punishment. And the results of such unfortunate conditions are not far to seek, for Mr. Myers, of the Coldstream Guards, has drawn special attention* to the excess of aneurism and heart disease in the army. This he explains with much ingenuity by obstruction to the circulation from over-tight clothing, and advises the total removal of the stock and of the large hook fastening the tunic collar, while the neck is liberated from constraint by the top button pressing on the upper part of the sternum, in place of the trachea. These he considers merely as suggestions in the right direction. Perhaps the blouse pattern† may eventually be found as most worthy of adoption; but in any case his researches will always retain the merit of having first laid down the true scientific principle of army clothing. It seems clearly proved, then, that aneurism and heart disease are in some measure preventable military diseases; and it is surely time for our authorities to lay aside their antiquated notions of smartness, and study the comfort as well as the safety of the soldier.

But in order to attain this desirable end, it will be necessary for some more powerful voice than mine to advocate the cause of progress.—I am, Sir, your obedient servant,

R. FARQUHARSON, M.D.,
Rugby, July 9th, 1870. Late Assistant-surgeon, Coldstream Guards.

PUERPERAL CONVULSIONS WITHOUT CHLORAL HYDRATE.

To the Editor of THE LANCET.

SIR,—In to-day's LANCET I see an account of puerperal convulsions treated with chloral hydrate; it may be interesting to some to compare it with a case which was scarcely interfered with by internal remedies; the constant recurrence of the fits rendering their exhibition all but impossible.

As the case was of unusual severity, and did remarkably well, I took notes at the time, which I now transcribe.

E. B.—, aged twenty-three, single, well-made, strong, rather fat, of cheerful disposition, and good general health, and being in the ninth month of pregnancy, on July 10th, 1865, was taken with a fit, fell out of her chair and was convulsed at 6.30 P.M. At 8 P.M. had another fit; ordered a scruple of calomel and a stimulant mixture. At 12 P.M. a third fit came on, and then one after another without a conscious interval. On July 11th, at 11 A.M., I cupped her on the temples (I should have bled, but the arms were fat and the veins indistinct), and then found labour was coming on; as the size of a fourpenny piece. Saw her occasionally till 5 P.M., during which time she had had a constant return of the fits, without consciousness intervening. I then remained till 7.40 P.M., when she was delivered naturally of a fine female child still-born. Consciousness did not return till Thursday, July 13th, at 5 P.M. There was fetid discharge, partly due to a superficial slough of the vagina, but that soon gave way to local treatment, and from that time the patient did well.

The bowels had freely answered to the calomel, and continued loose for a few days, but during the period of unconsciousness I gave no other drug; cupping, removal of the hair, and cold to the head, &c., being used instead of internal remedies. There was no headache, no delirium, and no other bad symptom after consciousness returned.

I believe I have sometimes seen delirium produced by chloral hydrate.

Trusting that I have not too far trespassed on your space,—I remain, Sir, your obedient servant,

Grimston, Lynn, Norfolk, July 16th, 1870. A. E. BARRETT.

MEDICAL CHARITIES.

To the Editor of THE LANCET.

SIR,—One cannot dwell much on the subject of medical charities without feeling that their advocates would be somewhat puzzled to give a satisfactory reason for their ex-

* Vide THE LANCET, Feb. 20th, 1869; and Pathological Transactions, 1869.
† Ibid., July 3rd, 1820.

istence in the proportion and to the extent in which they are to be found in all large towns. As a rule, they crop up under circumstances of a speculative character, and are fond of adopting the fashionable programme of doing something for the "poorer classes," of "raising their character"—as if that were ever possible by charity,—of "promoting amongst them a spirit of self-reliance"—as if that could be done by relieving them of all necessity for exertion,—and of teaching certain other virtues, as "forethought," "providence," and so forth. The extremely defective provisions made by the State for the medical care of certain classes of the people would seem to leave so much of margin for the play of medical enterprise and speculation, that we find all sorts of institutions hastening to the rescue. The "poorer classes" are "waited upon" by a host of institutions exhibiting various degrees of "improvidence." We have eye hospitals, ear hospitals, throat hospitals, chest hospitals, skin hospitals, heart hospitals, leg hospitals, rectum hospitals, &c., all contending in fierce rivalry for the popular prize of reaching the highest score in the number of patients "gratuitously cured or relieved." In fact, there is what one might almost call an indecent scramble after the "distinguished" patronage of the "poorer classes."

Now it surely must appear to most people that all true friends of the "poorer classes" would show their zeal and good works to advantage by doing all in their power to bring the State to a proper sense of its duty in this matter—to urge upon the Government the propriety of making "efficient medical provision" take the place of the present defective provision for such of the people as are not in a position to pay for medical attendance themselves.

That such duty is a legitimate function of the Government there seems to be no doubt, and the so-called charity which has the effect of relieving the State of this duty, and of consigning these classes to the mercy of voluntary and irresponsible institutions, must be a mistake, which would be unworthy of the support and sanction of the medical profession, as well as of every good citizen.

But the consequences to the medical profession which flow from the existence of these institutions are not the less noteworthy. They are all more or less at variance with the true interests of the profession. They spoil the equable distribution and fair circulation of practice by creating centres of monopoly, for the exclusive benefit of those officially connected with them, but to the general detriment of the profession. They derange and deteriorate the whole fiscal economy of the profession by continually depressing the value of medical services, and they prejudice the good understanding and fellowship of the profession by tending to perpetuate jealousies, dissensions, and differences.

Our hospital system and our dispensary system have at length arrived at years of maturity, if not of discretion; they have taken a long time to "grow up," and it is reasonable to expect they will take a long time to "grow down." They have grown up under influences and practices highly unfavourable to the healthy development and proper status of the medical profession. Let us hope that, under purer influences and improved practices, they will cease to be in the future what they have been in the past—emporiums in which the services of the legitimate practitioner have been undervalued and undersold.

I am, Sir, your obedient servant,

June 28th, 1870.

T.

Parliamentary Intelligence.

HOUSE OF LORDS.

JULY 19TH, 1870.

MEDICAL OFFICERS' SUPERANNUATION BILL.

THEIR Lordships having gone into committee on this Bill,

The Marquis of SALISBURY explained its object, and said that, in order to prevent corrupt arrangements, and in deference to the objections of his noble friend (the Duke of Richmond), he would propose an amendment providing that a person desiring a pension should satisfy the Poor-law inspector, or some person appointed by the Poor-law Board, as to the grounds of his retirement.

The Duke of RICHMOND objected to the principle of pen-