deduced from earlier statistics that registration is becoming more perfect. Leprosy, for example, was observed in 65 districts, and there were registered 615 cases in the year.

The excessive mortality in Russia forms the subject of an interesting monograph by N. Ekk. According to this authority, in Russia there die every year in 1000 9 individuals more than among the same number of Germans, 12 more as compared with France, 15 with England, 18 with Sweden and Denmark, and 19 more compared with Norway. An excess mortality of 15 means a loss of 1,650,000 lives to the State in one year. And this mainly due to neglect of the most elementary sanitary precautions.

That other losses besides those appearing in tables of mortality are incurred may be seen from such facts as the extraordinary prevalence of blindness. According to the statistics in the census of 1886 in fifty governments of Russia there were 21 blind persons to 10,000 inhabitants, or almost five times more than in Holland, four times more than in Austria and the United States, and three times more than in Saxony, Denmark, and Switzerland.

A remarkable fact noticed in the report is the widely-spread secret trade in poisonous and strongly-acting drugs, which is as prevalent and as little amenable to police supervision as in former years. In the course of the year the authorities were made acquainted with 27,107 cases of poisoning.

Sanitary inspection now is almost coextensive with the territorial limits of the empire, but except when supported by considerable monetary outlay is still extremely ineffective.

Correspondence.

"Audi alteram partem."

CONGESTION OF THE LUNGS.

To the Editors of THE LANCET.

SIRS,—Can any of your readers inform me why congestion of the lungs has become the privileged complaint of the upper and pay classes, whilst inflammation of the lungs has been degraded to the wards of the hospital? At least I should much like to make the acquaintance of the physician who would present to his class of students a patient with a temperature of 104° and congestion of one lung; both the doctor and patient would be curiosities. But when the former commences his private rounds he meets with plenty of such cases, some unfortunately proving fatal. What is the reason of this? He would not pretend that the difference depended on the payment of a fee, but he might answer that the word inflammation has a meaning of great horror to the intelligent classes. I have been informed that such is the fact, for on more than one occasion, when about to use the expression, I have been hushed and begged not to use that word as if it implied something as dreadful as cancer. If such feeling ever existed, it can do so longer, for hundreds of people are now dying around us of congestion of the lungs, but very few of inflammation. If, as others say, the term "congestion" is used as easier of comprehension by the public mind, it seems strange that a disease like pneumonia—a demonstrable reality in all its stages—should be unintelligible, whilst a purely imaginary complaint should be readily understood. If no better reasons can be given than those I have named in order to miscall a disease, let us hope, when a patient has pneumonia, in the name of pathology, of honesty, and of common sense, that the term congestion of the lungs may be discarded.

I am, Sirs, your obedient servant,

Grosvenor-street, Jan. 18th, 1890.

SAMUEL WILKS.

THE CHLOROFORM COMMISSION.

To the Editors of THE LANCET.

SIRS,—Having followed the proceedings of the Hyderabad Chloroform Commission with much interest from the beginning, I trust you will allow me space to draw attention to what, if its dicta be accepted in their entirety, must be an important outcome of its conclusions.

The final conclusion of the Commission is that chloroform may be administered in any case with ease and absolute

safety (the italics are mine) if its directions for administration be adhered to. With this conclusion I entirely disagree, as I know from my own personal experience that people do exist who cannot tolerate chloroform as an anæsthetic, no matter how it is administered, and yet, unfortunately, we cannot detect anything abnormal about them until it is being given, when either death or a condition very analogous to it ensues. I will relate the history of two such cases later on. Now, suppose a death were to occur from chloroform after the promulgation of this report, what would be the result to the administrator? Would a coroner's jury find death from misadventure or would the verdict be one of manslaughter? I know that I should be very sorry to administer chloroform if I knew I was liable to be found guilty of manslaughter should the patient die under it, and I fancy that many other doctors would say the same. For the last fourteen years I have administered chloroform precisely as the Commission recommends, and, although I never lost a patient under it, still I went so near doing so twice that my experience may be interesting. About twelve years ago, when civil surgeon of a very large district in India, I had a great deal of surgery, and so great was the crush of people coming daily that at last it became almost impossible to get through the work. To enable me to cope with it I used to make my assistant surgeon give chloroform to one patient while I went on examining others, in order to pick out those cases that were suitable for operation. I worked in a verandah only a few yards from the door of the operating-room, and one day my assistant surgeon rushed out to tell me that the patient on the table to whom he was administering chloroform was dead. In a moment I reached the room, and at once commenced trying to resuscitate the patient, and I succeeded after about twenty minutes of the hardest work I ever had. My assistant surgeon assured me that he had given very little chloroform, when suddenly the man stopped breathing, and at once passed into the alarming condition in which I found him. He (my assistant) was a very capable man, of great experience in giving chloroform, so that I had no reason to doubt his word. Moreover, he had helped me to give chloroform hundreds of times, and knew how to give it just as well as I did. Some two years afterwards I was giving chloroform to an old woman, and she had only taken a few whiffs, not enough to harm an infant of a week old, when suddenly, without the least previous warning, she ceased breathing and became to all appearances dead, and it took me all I knew to get her round again. There was nothing whatever in her previous condition to lead one to suppose that she could not tolerate chloroform, and I know that no one could have given it more carefully than I did. I say, therefore, that one certainly cannot give chloroform with absolute safety in every case.

I do not write this to find fault with the general findings of the Commission. On the contrary, I know from my own experience that they are absolutely true, and I rejoice that at last the truth is known about chloroform, and that it is to a man of my own service the credit is due for this crowning victory in its favour. I only say that I am not satisfied as to its absolute safety in every case, and I shall be glad to hear whether my experience of it can be borne out by others.

I am, Sirs, yours faithfully,

A. DEANE, M.D.,

Croydon, Jan. 20th, 1890.

Surgeon-Major, Bengal Med. Service.

CHLOROFORM A SAFE ANÆSTHETIC.

To the Editors of THE LANCET.

SIRS,—The results of the work of the Hyderabad Commissions, important as far as they go, can only be considered as final on one division of the subject. Where the nervous system is an important factor, the difference between the highly organised cerebro-spinal system of man as compared with animals is not likely to be overlooked. Sometimes the results of clinical experience may disagree with those of physiological experiment. In such cases practical men are apt to prefer the former. But even in clinical work sources of error exist. There are three such which ought to be kept in view:—1. That those in many respects most qualified to judge in the question—viz., experts, anæsthetists by profession—are from their very position apt to have a distinct bias; for of the essence of the controversy is the contention, on the one hand, that average ability,

great care, and moderate experience are sufficient for the safe administration of chloroform, without any special apparatus. Opposed to this is the reiterated belief, supported of course by the united body of professional anaesthetists, that both experts and apparatus are required, whether for chloroform or ether. 2. In favour of the use of chloroform as a routine anaesthetic is the weight of conservatism, including the convenience of administration of the drug. 3. In cases of death under administration, there is a natural tendency for even an upright and honest man to seek for causes of death outside the obvious possibility of accidental asphyxia from over-dosage or failure in resuscitation. A question in which such conflicting interests are involved can only be settled by facts. The Hyderabad Commission has contributed its quota. When chloroform was first introduced its use was attended for a long time by a wonderful freedom from mishaps. Of late years deaths have increased, and *pari passu* a certain degree of alarm has arisen. But are the deaths the cause of the alarm, or is the alarm the cause of some of the deaths? The latter view is by no means untenable. People may die of pure fright or of ordinary syncope. The state of anaesthesia may increase the possibility of such an untoward occurrence, which may take place under even nitrous oxide.¹ If this be so, then a certain responsibility rests on all who foster such an alarm by unguardedly condemning the use of a popular anaesthetic. But, after all, the crucial question is—What is the mortality in the practice of successful operators? This is the test which we apply to all important surgical procedures. By it we eliminate many fallacies.

Now, with regard to the practice of the Kashmir Mission Hospital, I may state that there has never been a death under chloroform. Since 1877, the number of surgical operations performed has been 13,275. In connexion with these, at the lowest estimate, chloroform has been administered more than 5000 times. Many surgeons in Great Britain must have had vastly greater experience. If it be possible to accumulate facts from such sources, we shall soon be in a position to judge as to the intrinsic mortality of this, in one sense, the most important operation in surgery.—I am, Sirs, yours faithfully,

ERNEST F. NEVE, M.D., F.R.C.S. ED.

Kashmir, Dec. 13th, 1889.

THE ABOLITION OF WAGE LIMIT IN THE MANCHESTER PROVIDENT DISPENSARIES.

To the Editors of THE LANCET.

SIRS,—As considerable discussion has taken place as to how the "wage limit" rule was removed, and as no satisfactory answer has yet been given, I wish to state that originally the rule for admission to the above was:—"The members shall be artisans and others in receipt of weekly wages whose average family earnings do not exceed 35s. per week, and who are not in receipt of Poor-law relief" (extract from Fourth Annual Report, 1878). On Jan. 19th, 1882, the above dispensaries, with the Manchester Medico-Ethical Association, formed a joint committee, and recommended the adoption of the following:—"It is the unanimous feeling of the committee that a wage limit is not satisfactory, and must lead to suspicion and jealousy among the medical men living in the neighbourhood of the dispensaries, while the inquisitorial investigation of their circumstances will naturally be resented by the working classes. Your committee, therefore, think that the 'wage limit' should be done away with, and that a sufficient check against the admission of those above the class of the really poor will be provided in part by making the admissions subject to the approval of the managing committee, one of whose functions should be to decide on the admission and removal of the members, and further by reference direct to the District Provident Society by medical officers and others of such cases as in their opinion ought not to have been admitted." This was adopted at the adjourned annual general meeting of the dispensaries held in April, 1882. It is sincerely to be hoped that the Medico-Ethical Society will soon correct this terrible blunder. The fact is, that every person who seeks for admission into the Provident Dispensary should have his social circumstances inquired into by the inspectors of the Charity Organisation Society, just as the

hospital patients are looked after. What is the good in asking the doctors, or a person paid a commission on the number of members secured, to examine into the social circumstances of applicants? A provident dispensary is not a burial club.

The Manchester Provident Dispensaries should (a) fix the wage limit; (b) secure the services of the Charity Organisation Society in approving of applicants for membership; (c) have a cash fee department, so as to take ineligible cases of the hospitals *at once*; (d) exclude the rule referring to midwives; (e) refuse to allow provident dispensary patients to be foisted on to the hospitals when the dispensary doctor is tired of them; (f) and exclude the rule which says that no matter how large a family, not more than twopence per week shall be charged for them. Really, if the Manchester business men wish to pose as philanthropists, they should do so in the right way, and not by passing rules which benefit their workers, save their own pockets, and throw all the hard work on the medical practitioners. The sooner the medical staff at Manchester publicly assert their self-respect and determine to bring matters right, the sooner will they free themselves of ridicule, and cease to be the laughing-stock of business men, who only trade on their want of harmony and unbusinesslike actions.

The comical feature in the above resolution is the reference to the "suspicion and jealousy of medical men." This is, no doubt, a good string to play upon, as with such kept up little good will be accomplished. The "inquisitorial investigation" has been a good bogey for many years, but is now worn out, as it is well known that the working classes fix their rate of wages by trades unions, and arrange for advance of wages according to the price fluctuating. The tax authorities also by "inquisitorial investigation" fix the tax on house property, poor rate, income tax, and all such. Surely they might let the "inquisitorial investigation" scare die.—I am, Sirs, yours faithfully,

Liverpool, Jan. 1890.

R. R. RENTOUL.

THE UTILISATION OF COUNTY HOSPITALS AND ASYLUMS FOR TEACHING PURPOSES.

To the Editors of THE LANCET.

SIRS,—It has often struck me as rather a strange thing that reading parties of medical students are not formed as they are in the literary departments of certain universities, and that, instead of medical students remaining during summer in the large cities in which most of our medical schools are situated, they do not migrate to some pleasantly situated smaller town where rural enjoyments are within reach, but where also facilities for study and hospital attendance are accessible. Many students come from abroad to study in the United Kingdom, and are without home ties during their student life. Such a plan as I suggest would be both suitable and pleasant for them, as well as for many students whose means could afford it, and to whom study in company might produce, from emulation, better results than solitary work. One or two summers might with great advantage be thus spent, a young graduate or advanced student acting as reading tutor, in charge of the party. The party, made up chiefly of third-year men, could attend the provincial hospital and the lunatic asylum if convenient. Hospital attendance and clinical instruction could be easily arranged for, and would count in the medical course. The hospitals at Carlisle, Chester, Ipswich, Worcester, Bath, and Brighton each accommodate over 100 patients, and attendance at them would count in the curriculum; possibly vaccination and practical midwifery could also be arranged for. In the large medical schools it is not easy to get dresserships, and in many of the hospitals patients may find themselves rather over-examined by students. If a party of a dozen students took up their residence near a country town which afforded the facilities for clinical teaching such as I have indicated, they might really acquire in the time more practical knowledge than at a large hospital overcrowded by students. A complete change, healthful amusement, and recreation might thus be combined with a systematic supervised course of study, which would count in the medical curriculum, and which probably could be obtained at less cost than the usual residence at the medical school.

I am, Sirs, yours truly,

Carlisle, Jan. 11th, 1890.

J. A. CAMPBELL, M.D.

¹ THE LANCET, vol. ii., 1889, p. 804.