question which ere long will have to be answered—viz., Why should an inquiry into the causes of failure in the management of a railway system—by which risk to, it may be loss of, life is incurred—be conducted by an officer of the Royal Engineers, and not by one of the civil engineers of the company, when the investigation into a failure in a system of vaccination, like that witnessed in the late small-pox epidemic at Sheffield, was carried out by a departmental officer, on whom was laid the inviolable task of finding faults in a system so admirable in its execution that, in the opinion of those in the department best able to judge, it received in ten years more than £1000 in rewards?

I am, Sirs, yours faithfully,

ROBERT PRINGLE, M.D., Brigade Surgeon.

Blackheath, S.E., May 23rd, 1892.

DEATH UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—Upon reading the account of the case reported by Dr. Colvin Smith, one cannot help thinking whether the result would have been different if some brandy had been given before the inhalation was commenced. We direct a patient not to take food for some hours previously to the administration of an anæsthetic, but do we always sufficiently take into account the effect produced by the fasting? In the case mentioned we have a pale, anæmic child, aged eleven, who breakfasted at 7.30 A.M. (and perhaps did not take much), had to walk to the hospital, and, nearly six hours after his early meal, was operated on. The first meal of the day we know is rapidly absorbed, and, by eleven or twelve o'clock, in many who breakfast early, a feeling akin to exhaustion arises. Then, again, do we sufficiently consider the amount of shock which an operation causes, even when the pain is prevented by narcotism? A death under chloroform is so terrible to all concerned, that we ought not to think anything too trivial to attend to which might possibly be of use in averting such an accident. Dr. Colvin Smith will, I am sure, understand that I am only suggesting queries to thinking minds, and that I am not in any way desirous of acting as a censor. Notwithstanding the Hyderabad Commission, I feel perfectly certain (having extremely good reason for saying so) that the pulse ought to be carefully watched in every case.

I am, Sirs, yours truly,

R. H. MILSON, M.D.

South Hampstead, N.W., May 24th, 1892.

To the Editors of THE LANCET.

SIRS,—In your issue of May 21st there is the report of a death under chloroform at the Victoria Hospital, Chelsea. When we consider the circumstances of the case, I for one am not surprised that the boy died of syncope. It is stated that a boy of eleven was told to have breakfast at 7.30 A.M., and to eat nothing afterwards. Now, a boy of that age would probably have supper at 7 o'clock on the previous evening, and be put to bed about 8 o'clock. Getting up about 7, he had breakfast at 7.30. He was probably told to have a light one. Being an out-patient, he walked to the hospital, perhaps some distance off, waited there some weary hours, and was not operated upon until 1.15 P.M.—i.e., five hours and three-quarters after his last meal, and only one meal for eighteen hours and a quarter. Leaving out of consideration his state of nervous excitement, the poor little man must have been in almost a condition of starvation. For several years I have considered three and a half or four hours quite long enough after a meal to give an anæsthetic.

I am, Sirs, yours truly,

Plymouth, May 24th, 1892. J. ELLIOT SQUARE, F.R.C.S.

MIDWIFERY STATISTICS.

To the Editors of THE LANCET.

SIRS,—Under the heading "Startling Figures from a Doctor," a statement attributed to Dr. Rentoul of Liverpool appeared in the lay press in the latter part of last week, to the effect that "one in every fifteen first labour cases resulted in the death of the woman." Such an assertion may well be described as "startling," and if uttered by Dr. Rentoul it would be interesting to know the source of his information, as it does not agree with the experience gained by connexion with

lying-in charities. Speaking more particularly of the City of London Lying-in Hospital, with which I have been connected for the past twenty years, the records furnish the following facts:—Since the establishment of an out-door department in 1872 20,631 women have been attended at their own homes by the midwives and pupils attached to the hospital. Of this number 45 have died, being at the rate of 2.13 per 1000. I regret I am unable to say how many of these were first labours. Since July, 1886, however, I have been in charge of the in-door department, and during this period 2393 women have been delivered in the hospital, of whom eight died. The number of primiparæ was 590, and of these three died, and I have no doubt that other lying-in charities can furnish similar results.

I am, Sirs, yours truly,

G. E. YARROW.

Surgeon-Accoucheur to the City of London Hospital.

May, 25th, 1892.

"THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY, LIMITED."

To the Editors of THE LANCET.

SIRS,—Having recently been the subject of annoyance and perhaps injury, I can readily bear testimony to the great value of combined support of my professional brethren. I will not trouble you with the details of my case, which I brought to the notice of the medical profession on public grounds; but I do feel I owe a deep debt of gratitude to many members of the profession, more particularly to Dr. Mead, Dr. Balding, and Dr. Grove, who spared neither time nor trouble to help me at a time when help and sympathy were invaluable, and I feel that had there not been friends like them I should never have obtained that triumphant vindication I did from the medical and local press. The able speeches of the chairman (Dr. Balding, J.P.) at the Cambridge meetings, and those of Dr. Latham, Dr. Beckett, Dr. Grove, and others, I much regret did not appear in print in the local press, as they would have been both valuable from a scientific point of view, as illustrating the difficulties in which medical men are often placed with respect to the stringent and little-known laws now in force in sanitary matters, and also as an enlightenment to boards of guardians and the public generally on questions of sanitary science.

I am glad to find the efficiency of this mode of combination for the professional good is likely to be rendered more efficient by the London and Counties Medical Protection Society (Limited). I am certain all members of the profession will feel that the interests of the humblest as well as the most highly placed will be safe in the hands of such men as Mr. Jonathan Hutchinson, F.R.S., Dr. G. A. Heron, F.R.C.P., and Dr. Mead. I have had the greatest pleasure in joining this Society, and in getting many of my friends to do the same. I have carefully examined the plan of organisation and fully approve of it. The system of local councils secures the least known from being passed over. The right of appeal in the first instance, if the aggrieved member wishes it, to the central council, or from the decision of the local council to the central council if he be dissatisfied, must commend itself to every lover of fair play, especially as there are on the council some of the best men of the day.

I remain, Sirs, yours truly,

Brandon, May 23rd, 1892.

C. M. FEGEN.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Hospital for Consumption and Diseases of the Throat.

THE in-patient department of this hospital is at Bowdon, Cheshire, some eight miles from Manchester. A new out-patient department in the centre of the city was recently opened, and at the time an appeal was made for further subscriptions, to enable the committee to open more beds at their Bowdon Hospital. It appears, however, from a letter written by the chairman and the treasurer, that only about £30 have been subscribed as a result of this appeal, and those gentlemen fear that, so far from opening new beds, some of those now open may have to be closed, as the institution has been getting into debt. It is much to be regretted that the public show so little practical interest in this matter.