as showing that the intravenous injection of brandy in this case at least was followed by no injurious effects.

A child, aged seventeen months, was admitted into this hospital in February last suffering from tuberculous arthritis of the left knee-joint. The child was small and very badly nourished. Mr. Eve opened the joint and performed arthrectomy. After the operation the child was collapsed, the pulse being quite imperceptible and the surface cold and clammy. Brandy was injected into the rectum, but it partially returned and subsequently brandy, ether, and strychnine were given by hypodermic injection. I was called to see the child in about half an hour and found it still in the same condition, the pulse being quite imperceptible. I opened the right basilic vein and injected $\frac{1}{2}$ pint of saline solution to which 3 oz. brandy were added. During the transfusion the pulse became perceptible and when it was completed was full and of good force and tension. The collapse never returned and the child recovered perfectly.

I am, Sirs, yours faithfully,
CHARLES BOLTON, B.Sc., M.D., B.S. Lond.,
Senior Resident Medical Officer.

Evelina Hospital for Sick Children, Southwark
Bridge-road, S.E., April 11th, 1898.

THE RECENT INQUIRY AT THE BRISTOL CHILDREN'S HOSPITAL.

To the Editors of THE LANCET.

SIRS,—I have read your notice about the friction at the Bristol Children's Hospital and in reply would beg you, in the interests of justice, to insert my few words of explanation. When I went to this hospital I found, as the Medical Directory shows and as all now acknowledge, that the qualifications of the staff were lower than that of any similar hospital of the size. I was pledged to stay a year at my post and having had much greater advantages and more previous practice than some of the staff I placed what I knew in the most brotherly way before some of them. This was received well for some time, but gradually a feeling arose that I was in a false position. I got some reforms and gradually, in self-defence, I was forced to look to myself. Leaving reform to the committee, some of whom had supported me, I tried to get credentials in order to get away with honour. Failing this, I sought to be justified by the committee with some minor post and at last, after a year's private agitation for some justification, finding the Medical Society did not care to touch the matter and finding the reforms still hung fire, I determined to carry out my idea of getting reform by the severe pressure of printer's ink.

Now although I have got the hospital practically remodelled, with a new out-patient staff, a new in-patient surgical staff, new matron, some new nurses, and new rules for future guidance, I am, in the interests of this and, I presume, all hospitals and of the discipline for house surgeons in general, temporarily sat upon. It is to be noted, however, that mine is an exceptional case. I do not wish to encourage criticism by house surgeons, but stress of misfortune put me into a post of house surgeon with a staff exceptionally below the usual English standard. Reform was necessary and reform is gained by my self-sacrifice. It is a matter of honour with me now to prevent my name being trampled in the mire, sorry as I am that I have seemed to attack others. It must be known, however, that I am on my defence against a charge of causing "friction," and the cases related were not at first given as "charges," but merely instances of "friction." The opposite side called them "maltreatment," &c., and some lawyers have said they must be so considered. If so, no proper chance of proof has yet been given, for the judges have invariably been chosen under the auspices of the hospital or its friends and I have not yet put all the evidence before any inquiry. The matter must therefore be held as still *sub judice*.

I am, Sirs, yours faithfully,
W. L. CHRISTIE.

Church House Children's Hospital, East-street,
Bedminster, April 4th, 1898.

A MIDDLE-CLASS HOSPITAL FOR LONDON.

To the Editors of THE LANCET.

SIRS,—Permit me on behalf of the promoters of the proposed middle-class hospital for London, referred to in your condemnatory article in THE LANCET of April 2nd, to

respectfully challenge the grounds of your opposition, which I gather from the article to be:—1. That the establishment of such an institution would add to the financial embarrassment of existing hospitals. 2. That we have enough hospitals already or as many as can be properly maintained. 3. That we have the Metropolitan Asylums Board hospitals free to all. 4. That the hospital, if founded, would not be self-supporting. 5. That the cases of middle-class patients who cannot be accommodated at home are comparatively rare and are met by the existing private nursing homes, where they can be received on "reasonable terms."

1. Regarding the first objection, we submit that the initial funds needed for starting a middle-class hospital (assuming it to be subsequently self-supporting) could not, in such a city as London, materially affect hospital charities in general; and, further, that as far as the middle classes are concerned, at all events, they would be quite justified in helping to provide a hospital suited to themselves if the need for such exists; and I may add that the building of a new hospital is not at present contemplated, it being believed that suitable premises can be secured at a moderate rental. 2 and 3. In reference to there being as many hospitals already as can be properly maintained and to the existence of the Metropolitan Asylums Board hospitals, we would point out that the present project is based on a carefully made calculation that the middle-class hospital would be self-supporting after its foundation and not any further burden on public charity, that although we have many hospitals we have none of this kind, and that the Asylums Board hospitals do not meet the peculiar requirements which the middle-class hospital would provide. 4. The question of a middle-class hospital being self-supporting, established for patients willing to pay a moderate residential fee and having, if desired, their own medical men, turns largely on the next point (5) the demand for such an institution. Here we beg most emphatically to deny the accuracy of your view that the cases are "comparatively rare" where the sick among the middle classes require the accommodation, nursing skill, medical supervision, and appliances of a "hospital," but without the dishonour of the pauper ward. This point we confidently leave to the experience of your readers in the practice of their profession. Your statement that the existing private nursing homes meet these cases on "reasonable terms" we must also take exception to. Whether an average charge of from four or five guineas per week upwards be reasonable terms to middle-class patients of limited and often much burdened incomes, is a question which the majority of such patients answer by submitting themselves to the perils and their families to the worry and discomfort of the sick room at home, through inability to meet the quite prohibitive charges of the ordinary private nursing homes, with their limited and often defective accommodation. So far as our investigations have gone, we have had ample confirmation of how sorely the need for the proposed hospital is felt by the middle classes. Hoping that a reconsideration of the subject may enable you to modify your views, and trusting you will find space for the insertion of this letter,

I am, Sirs, yours faithfully,
S. STRATFORD MALONE,
Secretary to Committee.

"A SYMPTOM FOLLOWING ANGINA PECTORIS."

To the Editors of THE LANCET.

SIRS,—With reference to the clinical note in your last issue by Dr. Worton of Redditch under the above heading, the vaso-motor symptoms noted as affecting the left middle finger are of interest as illustrating the surface phenomena connected with visceral disease. It also illustrates a point which clinicians have to bear in mind—namely, the avoidance of too unquestioning an acceptance of the views of experimental physiologists. The value of Dr. Worton's note consists in its showing that peripheral phenomena may avoid what are regarded as the most direct routes for radiation and select in the first instance territories only reached as a rule by secondary reflex. The vaso-motor fibres in the case in question run, of course, in the median nerve, which is the offspring of the first dorsal and eighth cervical segments so far as the heart is concerned. Physiologists, however, note with a mark of interrogation the cardiac outflow from the first and fourth dorsal segments