more harmful than helpful. That is why I ventured to deprecate putting the cart before the horse, by moving the Hospital Sunday Fund to make representations, before we were clear that those representations could be accepted by the hospital committees with the support of their medical staffs; for with the medical staffs, as I have already stated, the chief responsibility for the present state of affairs in reality rests.

I am, Sirs, your obedient servant,

HENRY C. BURDETT.

The Lodge, Porchester-square, W., March 22nd, 1897.

To the Editors of THE LANCET.

SIRS,—With reference to the letter of Mr. T. Garrett Horder in THE LANCET of March 20th I should be obliged if you would allow me to say that at this hospital we have for many years made inquiries into the circumstances of the out-patients. May I also add that a medical officer sifts the cases before they are seen by the assistant physician or assistant surgeon.

I am, Sirs, yours faithfully,

C. L. TODD, Secretary.

St. George's Hospital, S.W., March 24th, 1897.

"HOSPITAL ABUSE: THE LEEDS WORKPEOPLE'S HOSPITAL FUND."

To the Editors of THE LANCET.

SIRS,—As a general practitioner of medicine for seventeen years in Leeds, during which time I have seen a great deal of the working-man patient, also having as a student attended at the Leeds Infirmary, I have acquired some little experience in the subject discussed by THE LANCET Commissioner, which experience is directly opposed to that of Dr. Eddison and to that of Mr. Jowitt. The working man, I believe, subscribes to the infirmary 1*l.* a week, or something like 4*s.* per year. Now, very few lodges pay per head so much as that for medical and surgical attendance—the club patient can for the sum of 3*s.* 6*d.* per annum command attendance at his own home and medicine, &c. Naturally he supposes that the larger amount paid to the infirmary gives him equal rights at that institution, and I have heard this said not once but often, so often, indeed, that I was astonished that any one should make an assertion to the contrary. I have known the case of a woman possessed of independent means, able to pay 50 guineas for a surgical operation, become an in-patient of the Leeds Infirmary for the purpose of an operation; she was not a resident in Leeds, she had no claim upon Leeds, and the surgeon who performed the operation robbed himself of something like 50, or it may easily have been 100, guineas. Moreover, her friends considered her as a private patient and so termed her. In another town a lady of fortune, who spends large sums in charity, fell from a bicycle, costing probably £30, breaking her leg. She was treated in an infirmary, to which institution she presented £100 on leaving, which money I affirm was rightfully the fee of some practitioner, though perhaps no medical man would have had such a large amount of gratitude shown to him. I have known a man treated at the Leeds Infirmary for fractured arm throughout the entire course, which man lived in a good house in a good neighbourhood—such a district, in fact, where all consulting surgeons and physicians ask for fees on the higher scale. In my student days I actually extracted teeth from people I knew could afford a dentist's fees. Little, perhaps, they knew it was a 'prentice hand that held the forceps! I have known a woman in good circumstances leave her rings and jewellery at home, so advised to do by her friends, when it was necessary to consult a leading Leeds surgeon at his rooms—nay, more, she dispensed with her brougham, using the humble cab; and this course was adopted to save one guinea, the idea being that she would be charged two guineas if she appeared in her proper guise. The sufferers from trivial accidents requiring minor surgical operations are all urged to go to the infirmary. Persons even spend more in railway and cab fares than would be charged by ordinary medical men. It is obvious that those who will so spend from 2*s.* 6*d.* to 5*s.* are not those for whom a charitable institution is intended. I suppose all who subscribe—in the way of rates, at least—to the Leeds Workhouse have the right to claim a place there. Then why deny those who subscribe to the Leeds Infirmary the same rights? Both of these institutions are for the

poor and sick. I do not wish my name and address to appear.

I am, Sirs, yours truly,

LEEDS PRACTITIONER.

"THE MIDWIVES REGISTRATION BILL."

To the Editors of THE LANCET.

SIRS,—May I point out that your correspondent who writes anonymously in favour of registration in THE LANCET of March 20th is extremely wide of the mark. He thinks, like the promoters of the Bill, that the magic of registration will efface the horrors he describes and, like Dr. Cullingworth, that the maladies of childbirth will cease to be; in fact, that we are on the eve of a parturient millennium. One of the staple arguments of registrationists is that the educated midwife will send for medical aid on the first approach of danger. This is a mere supposition. The "follower" of one of these women in this parish was required in 23 per cent. of her cases in 1892, and in 8.2, 2.5, 2.7, and 2.8 per cent. in 1893, 1894, 1895, and 1896 respectively. One woman died in her confinement, there was a death from miscarriage, and an infant was sacrificed through delay in a shoulder and funis presentation. I need not add to the list of casualties; and will only say, in conclusion, that a Bill which proposes to register *bonâ fide* midwives of two years' standing, which will include most of the existing "Gamps" and which still recognises the friendly neighbour's assistance, stands self-condemned. There is no provision at all for the after-nursing, which is the most vital part of the parturient function, and as it is perfectly evident that the qualified midwife will not act as an obstetric nurse under medical supervision I utterly fail to see how the Bill will benefit "the poor" if it become law; and if I had not had the promise of Mr. Skewes-Cox to have it referred to a committee of the House so that "all parties" may be heard I would long ago have offered it a more vigorous opposition. Dr. Cullingworth is a special pleader, and his recent address on puerperal fever is largely discounted by his attitude in this question and his more recent address to the promoters of the measure.—I am, Sirs, yours faithfully,

East Sheen, March 22nd, 1897.

ALEX. MCCOOK WEIR.

THE COLONY FOR EPILEPTICS.

To the Editors of THE LANCET

SIRS,—Will you allow us to make an appeal through the columns of THE LANCET on behalf of the colony established at Chalfont St. Peters by the National Society for Employment of Epileptics. Amidst the earnest efforts for the succour of the sick and afflicted which have so distinguished this country during Her Majesty's reign, one form of infirmity is still almost overlooked, and in England there are probably not less than 40,000 epileptics who lack the care which is bestowed upon their fellow sufferers amongst other nations. For both in Europe and America many institutions or settlements have been established on the lines of the famous "Colony of Mercy" at Bielefeld, in Westphalia, which affords a home for nearly 1400 epileptics. Under ordinary circumstances epileptics of the poorer classes live under conditions so unsuitable that in many instances they sink into a state of insanity and at last find refuge in the asylums. The object of the colony is to save them from this fate by taking them in hand at an earlier stage and enabling them to lead lives of usefulness and activity. The care of the insane is a heavy burden on the country, and the preventive methods of the colony will, we believe, be found in the long run to be economic as well as humane.

Amongst the numerous candidates waiting for admission to the colony, about one in ten drops out of the list every year through insanity or death, whilst at the colony itself, since its establishment nearly three years ago, only one death has occurred and only one patient has had to be transferred to an asylum. The average number of epileptics in residence at the colony has been twenty-seven. Besides the two homes at present in occupation at the colony, two others, the funds for which have been specially given, are in course of erection, and additional funds have been offered by generous friends, notably by Mr. Passmore Edwards, for the erection of several other homes, which will be commenced shortly. Within a year there will therefore, it is hoped, be accommodation at the colony for about 160 epileptics, men, women, and children. Even then the provision will be small in comparison with the need. But while the funds for building the new homes are provided, these great extensions will involve considerable

incidental outlay, for which as yet little provision has been made. A laundry will be needed for the female colonists and school accommodation for the children. The sewerage system will need extension, and the committee are of opinion that for the security of the colony when its numbers increase there must be a resident medical officer, for whom a house will have to be provided. It is estimated that on the most economical basis the outlay for absolutely necessary purposes will be £10,000, whilst for the extension of the colony on a scale really proportionate to the demand for admission a far larger sum would be needed.

Epileptics are received at the colony impartially from all parts of the kingdom, and we therefore appeal for help to the charitable public throughout the country, and we trust that during this memorable year the effort begun to help a suffering and hitherto almost neglected class of our afflicted brethren may be placed upon a footing sound, hopeful, and commensurate with their great necessities.

Contributions, which will be duly acknowledged, should be sent to the secretary, Mr. G Penn Gaskell, at the society's offices, 12, Buckingham-street, Strand, London, W.C., or to the bankers, Messrs. Hoare and Co., 37, Fleet-street, London, E.C.—We are, Sirs, your obedient servants,

DEVONSHIRE. JAMES CRICHTON BROWNE,
HERSCHELL. M.D Edin, F.R.S.
W. H. BROADBENT, C. S. LOCH.
M.D. Lond.

March 22nd, 1897.

THE RECENT DEBATE UPON VACCINATION AT THE EPIDEMIOLOGICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—As the brief report of my contribution to the discussion on vaccination at the Epidemiological Society which is given in THE LANCET of March 20th is calculated to convey an erroneous impression of my opinion on the subject of vaccinal injuries, I shall be obliged if you will allow me to make one or two corrections. 1. As regards vaccinal syphilis I stated that although every alleged case of invaccinated syphilis brought before the Commission which had occurred between the years 1889 and 1896 was subjected to a searching inquiry, not one stood the test of an investigation into all the circumstances. I did not state that all were cases of congenital syphilis. 2. It is not my opinion that all cases of vaccinal erysipelas result from post-vaccinal wound infection, although the majority are probably due to this cause; cases have occurred in which the evidence goes far to prove that the erysipelas has been invaccinated. I have discussed these questions (including the alleged transmission of tubercle, leprosy, lupus, &c., by vaccination) at length in the forthcoming volume of Allbutt's System of Medicine, to which I would refer those of your readers who may be interested in the subject.

I am, Sirs, yours faithfully,

March 22nd, 1897.

THEODORE DYKE ACLAND.

"THE COMPENSATORY MECHANISMS OF THE HEART."

To the Editors of THE LANCET.

SIRS,—Dr. Starling, in the first of the Arris and Gale Lectures, reported in THE LANCET of Feb. 27th, made the following statement, which seems to me incorrect in almost every particular: "If the aortic pressure is maintained at its normal height it is evident that in mitral stenosis the work done by the left ventricle must be increased above its ordinary amount, since a certain fraction of the work is wasted in driving blood back into the auricles. Hence, the result of mitral incompetence is, first, increased diastolic dilatation of the left auricle and left ventricle, which later becomes more or less permanent; and, secondly, hypertrophy of the muscular walls of both these cavities." All the books I have on the subject tell me that in typical mitral stenosis cases the left ventricle is *not* hypertrophied. Statistics I have published¹ indicate also that in these cases dilatation of the left auricle is *not* common, except towards the end, when compensation breaks down. Dilatation of the left ventricle is also rare. When mitral stenosis is well developed it is exceedingly improbable that the ventricle wastes its energies in driving back blood into the auricle. A systolic murmur is commonly

absent, and I have indicated² why, even when the mitral valve is incompetent, regurgitation should not occur. It would contribute to clearness and accuracy if the word "incompetent" were not employed as synonymous with regurgitation, since a stenosed and incompetent mitral orifice is not an orifice at which regurgitation occurs to any appreciable extent. When, however, late in the history of the malady compensation breaks down and the auricle dilates, then regurgitation appears, a systolic murmur is introduced, and cardiac symptoms first become pressing. A second cause of confusion in discussing the physics and the pathology of mitral stenosis arises from not discriminating between slight and severe stenosis. Thus it is incorrect to say that hypertrophy of the left auricle is a characteristic change in mitral stenosis if the stenosis be slight, and correct if it be severe. It is surely important to take notice of such distinctions.

I am, Sirs, yours faithfully,

Mentone, France, March 19th, 1897.

D. W. SAMWAYS.

"A QUESTION FOR ANÆSTHETISTS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 20th Dr. Silk raises the question of the frequency of pneumonia in present-day aseptic surgery. I venture in this connexion to quote the following case which has occurred within the last few days at the New Hospital for Women.

The patient, aged twenty-five years, convalescent from syphilis of an aggravated form, was re-admitted on March 11th, after a fortnight's absence from hospital at a convalescent home, for operation the following day, with normal pulse, temperature, and respirations. On the 12th she was anæsthetised by Mrs. Keith, anæsthetist to the hospital, with gas and ether, for removal of hypertrophied labia. The operation was performed with the usual minute antiseptic precautions and lasted half an hour. The temperature rose the same evening to 103° F. and the urine was highly albuminous. By the 15th there was consolidation of the whole lower lobe of the right lung with rusty sputum, and two days later the left lung was attacked. At the present time the patient is recovering. She had undergone two previous operations for recto-vaginal fistula and had suffered in no way from the anæsthetic. The inhaler used at the New Hospital for Women has a celluloid facepiece, which is washed before use. It may be mentioned that two other patients had been anæsthetised before this one on the same morning, neither of whom showed any ill after effects. I would suggest that it is to the surgeons we must look for reports of these cases rather than to the anæsthetists, who seldom see the patient after the operation.

I am, Sirs, yours faithfully,

FLORENCE NIGHTINGALE BOYD,

Surgeon to the New Hospital for Women.

Harley-street, W., March 20th, 1897.

THE CELEBRATION OF THE LONGEST REIGN.

To the Editors of THE LANCET.

SIRS,—You published a note from me in THE LANCET of June 4th, 1887, making a suggestion that medical students in London should take part in the celebration of the Queen's Jubilee. Though the scheme was very favourably received by the students of that time, for many reasons the scheme was dropped. Now, although far away from the scene of action, I throw out the suggestion once more. I suggested a torch-light procession, but if any more suitable scheme was brought forward I have no doubt my idea would be passed over. But, Sirs, on this occasion there is much more to be said for the medical students to be represented in the demonstrations of loyalty to the Crown and admiration for Her Majesty. Throughout the British Empire, after the kindly expressions of the Queen and the Prince of Wales, it is extremely probable that medical interests—hospitals, nursing, &c.—will be furthered and established on a more secure and lasting basis; therefore it would be ungracious for the rising medical practitioners not to celebrate the event. Looking forward to the memorable occasion,

I remain, yours faithfully,

A. MARIUS WILSON, M.D. Durh.

Capetown, March 7th, 1897.

¹ Brit. Med. Jour., Nov. 28th, 1896, pp. 1567-3.

² Ibid., Jan. 23rd, 1897.