some cases may be said to be incurable. What degree of such vigorous treatment or supervision do the bulk of hospital patients receive? It is well known that children with ringworm are not, as a rule, admitted to hospitals, but treated in the out-patient department. As a consequence the cases drag on month after month, until, tired of one hospital, the parents try another, or possibly go the round. Probably long before this the case has drifted into "the diffused form," in which the ordinary appearances of ringworm are absent; the child is considered to be cured and sent to school. In this way ringworm is spread, and if the matter were inquired into, it is not unlikely that many schools, and especially school-board schools, would be found to be hot-beds of ringworm.

The point urged, then, is that our present hospital system of treatment of ringworm is utterly unsatisfactory, and, in many instances, mere waste of time and drugs. The remedy which naturally suggests itself is systemised intelligent aid from nurses and attendants at out-patient departments, so that methods might be properly carried out. (The parents of children rarely have the time, inclination, or ability to treat them.) But much more good might be done in the direction of stamping out the disease by some special system of medical supervision of school-board schools.

I remain, Sir, yours, &c.,

ALFRED SANGSTER, M.B.,
Physician in Charge of Skin Department,
Charing-cross Hospital.

Feb. 12th, 1880.

IS INSANITY CAUSED BY DRINK?

To the Editor of THE LANCET.

SIR,—The question raised by Dr. Mortimer-Granville in his letter appearing in THE LANCET of the 21st ult. is, I think, by no means an unimportant one.

I have now been specially engaged in the treatment of mental affections for a period of some thirty-six years. In the course of my practice I have met with many cases of insanity in which there was the propensity to take stimulants in excess; but in every case in which I had the means of obtaining reliable information as to the history of the patient I have been able to trace the mental disease as existing before the intemperance.

I am, Sir, yours faithfully,

JOSEPH SEATON.

Halliford House, Sunbury, March 8th, 1880.

EXTENSION OF THE FUNCTIONS OF MEDICAL OFFICERS OF HEALTH.

To the Editor of THE LANCET.

SIR,—I have read with pleasure your able leading article of last Saturday on the various subjects about to occupy the consideration of the present Parliament, which more or less affect the medical profession—to wit, the Coroner's Bill and the Lunacy Laws; and while agreeing with you that the duties under these laws devolving upon a public officer should be put upon the medical officers of health, I fail to see how these gentlemen as now appointed can, satisfactorily to themselves, perform them.

As you state there will be, in all likelihood, a considerable alteration in the laws, and if the medical officers of health are to be called upon to undertake more onerous duties they must of necessity be entirely relieved from private practice; and to accomplish this it will be necessary in many cases to enlarge the area of districts, in order that an adequate salary can be given.

Again, besides sanitary duties and those proposed under the Coroner's Bill and the Lunacy Laws, there are others that might, with all propriety, be handed over to the medical officer of health—namely, those of inspector of retreats under the Habitual Drunkards Act, and of certifying factory surgeon.

To enable them to perform the duties mentioned above, I can see no other course that can be followed than for the Government to appoint the medical officers of health, and pay them such salaries as they can comfortably live upon, and then Government might repay itself in seven years, by making a levy upon the various authorities to whom the medical officer of health lent his aid.

The corps of medical officers of health ought to be under

a chief who would have power to regulate appointments and remove officers from one station to another, as it does in the other branches of the public service, and it might have various grades or ranks, with corresponding rates of pay, according to service and ability. No one should be allowed to remain in this service who has attained the age of sixty-five years.

Feeling certain that it is only by such an arrangement that the proposals mentioned in your last impression can be carried out, and having been a medical officer of health ever since the Public Health Act came in force, I am induced to send you this communication.

I enclose my card, and remain yours faithfully,

Feb. 24th, 1880.

PUBLIC OFFICER.

EDINBURGH.

(From our own Correspondent.)

DURING the past fortnight Dr. Thomas Keith has performed three ovariectomies in the Royal Infirmary, all being of special interest. One was a semi-solid tumour, which had existed for two years in a patient who had been thrice pregnant during that period. There were no adhesions. A second was a case of burst cyst. The patient was in a poor state of health; she had been in hospital for some time, suffering from pleurisy and chest disease, when the sudden rupture of the cyst called for operative interference. The third case was one of a girl about fourteen years of age, who had never yet menstruated. There were some anterior adhesions. Remarking on this case, Dr. Keith stated that he had seen an ovarian tumour in a seven months fetus; that such growths might be met with at any period of life, and that he had himself operated on patients where age varied from nineteen to over seventy years. The burst cyst was removed in the ward and the other two cases in the large theatre. The usual antiseptic precautions were adopted. It is much to be regretted that the light in the theatre is so faulty that Dr. Keith fears he must be compelled to cease operating there until some new mode of illumination be devised.

Among many other major operations, there have been two lateral lithotomies. In one case a large discoid stone was removed by Professor Spence, and in the other a small uric acid calculus, by Mr. Chiene, from the bladder of a man whose general state of health contra-indicated crushing. In both cases the rectangular staff was employed, the incisions, however, being made in the ordinary fashion. The patients are doing well.

In a discussion which took place at the Medical and Chirurgical Society on the reading of a paper on "Death during the Administration of Chloroform," it appeared to be the general opinion of the surgeons present that this anæsthetic was, on the whole, the best. That in cases of danger it was necessary to see that the glottis was open, and to begin artificial respiration (Silvester's) at once. Special stress was laid upon the point that the pulling forward of the tongue forcibly did not open the glottis in some cases, and Mr. Bell directed attention to a case of his own, in which he had overcome this difficulty by pushing his finger down to and opening the larynx. Professor Annandale spoke of a death which happened at the conclusion of an operation for hernia, and in which, as revealed by post-mortem examination, some vomited food had passed into the bronchi and choked the patient. Dr. Foulis preferred ether to chloroform and Howard's mode of artificial respiration to Silvester's. Dr. Duncan remarked that in performing artificial respiration the feet of the patient should be secured, as this prevented him from being pulled off the table during the manipulative procedure. Dr. Watson drew attention to the title of the paper, and stated that many deaths took place during the administration of chloroform, not from it. He had seen a case of death from epilepsy while chloroform was being administered.

Professor Fraser's lecture on "Alcohol, its place and function," delivered at the request of the University and New College Temperance Society, is about to be published. Dr. Fraser expressed himself as favourable to the moderate use of stimulants, and had more hope in the advance of education and knowledge as a means of checking the abuse of alcohol than in abstinence.