capillaries. Such transudation takes place most commonly in the skin, setting up urticaria, and frequently also in the bronchial mucous membrane, producing the symptoms of asthma. It is in this way that an attack of urticaria is caused by the eating of shell-fish. In countries where eggs are a common article of diet tolerance to the action of the decalcifying substance derived from them is almost universally present. The boy whose case is recorded by Dr. Schofield seems never to have acquired this tolerance. Such tolerance as regards shell-fish, a diet much less general in its use, is, as we know, often wanting. To express the theory in the terms of present-day pathology, the decalcifying substance produces in the blood an anti body and then tolerance is established. Dr. Schofield, who is to be congratulated on the result of his treatment, fully succeeded in developing the anti-body in his patient's blood and the liability to poisoning was overcome. Similar treatment would be worth practising in the cases of intolerance to various foods—e.g., mutton—which are occasionally met with. It would be interesting to learn whether the yelk of egg had a poisonous effect or whether this was confined to the white.

I am, Sir, yours faithfully,

Wimpole-street, W., March 7th, 1908. R. HINGSTON FOX.

DELAYED CHLOROFORM POISONING.

To the Editor of THE LANCET.

SIR,—In your issue of Feb. 29th an article appeared from Mr. E. D. Telford reporting three cases of what he describes as the above condition. He informs us in his last paragraph that we are no nearer to a solution of these mysterious cases and that it is essential that all cases should be fully reported. Now, what is the example that he sets us? He is so anxious to tell us how nicely his operation wounds healed that he has quite forgotten to say what method was employed by the anæsthetist. He also tells us nothing about any symptoms that appeared during the anæsthesia, or whether the anæsthetic was administered by an expert, or by someone who did not fully appreciate what he was doing or should do in any circumstances that might arise during the administration. He further omits to mention how the patient was prepared in two of the three cases or how they were treated immediately after the operation. Mr. Telford states that the changes found post mortem are probably due to the anæsthetic, but this I think is very questionable on account of the enormous amount of degeneration sometimes found, especially in the liver, within two days of an administration of a drachm or so of chloroform. Why, for instance, should it not equally be due to the castor oil or the enema?

I have never yet seen a case of this kind, and other anæsthetists seem to be in the same position; while the surgeon seldom knows whether chloroform, or a mixture containing chloroform, has been employed; neither does he know whether oxygen has been administered in conjunction with the anæsthetic. Until the anæsthetists are given an opportunity of going into the cases *before the death of the patient*, we are not likely to arrive at the true cause and preventive treatment of the condition. Most of the patients apparently suffer from rickets, but so do thousands of others who exhibit no such symptoms. The resident medical officer of the same hospital reports two similar cases on the authority of the surgeon. He tells us that chloroform was used in each case, but he likewise omits to mention the method or any symptoms that occurred during the administration. Since these occurrences are so frequent at this one particular hospital it is most important that more of the details of the anæsthesia with less about the operation, should be published.

Another case is reported by Dr. H. C. Wilson, also on the authority of the surgeon, and without obtaining any notes from the anæsthetist. He gives an excellent account of the condition, but apart from stating that one and a half ounces of chloroform were administered during one and a half hours, he tells us absolutely nothing about the very feature which it is attempted to prove is the cause of the whole condition. The remaining case is published by Dr. H. Thorp who certainly tells us a little more than the others, for he says: "The anæsthetic was well taken," in addition to mentioning that two drachms of chloroform were administered during seven minutes.

Such notes as these will never help to prevent the fatalities occurring. Some at least of the patients should have been given the C.E. mixture rather than chloroform; but if the anæsthetist were consulted he would probably inform us that this was in fact done. As a preliminary I should like to know (1) what kind of chloroform was employed; (2) who was the maker; (3) if ether was added, what kind of ether and in what proportion; and (4) how exactly did the patient behave throughout the various stages of the administration, and what degree of anæsthesia was maintained. I am, Sir, yours faithfully,

London, W., March 4th, 1908. ROWLAND W. COLLUM.

OPEN WINDOWS AND ADENOIDS.

To the Editor of THE LANCET.

SIR,—Adenoid growths in the naso-pharynx of children are likely in the near future to assume a greater degree of importance on account of the medical inspection of schools under the now famous Section 13 of the Act of last year. Already an increasing number of children arrive at the hospitals, their parents having been recommended to get their throats treated. The best way to settle a question such as that raised by Dr. J. Sim Wallace would be by means of school children, vast numbers of whom are accessible. Dr. Wallace's figures are altogether too small to serve as a foundation for any generalisation bearing upon adenoids, which is very far at present from being a simple subject. It would no doubt be desirable, and would certainly be interesting, to make a comparison between the prevalence of adenoids now and 30 years ago. But it seems to me as hopeless a task as it would be to compare, e.g., appendicitis now and 30 years ago. Histories of cases will no doubt help, but they are equally certain to mislead.

As regards deformities of jaws and teeth we are not all agreed on the exact relation between them and adenoids or other form of nasal obstruction. According to my observation such deformities are very rare in the younger children who apply for treatment, but occur with increasing frequency in the later years of childhood when the second dentition is well advanced. These latter are presumably neglected cases. If these deformities stand to adenoids in the relation of effect and cause it follows that radical treatment of adenoids at an earlier stage ought to reduce the frequency of the deformities. Statistics showing a gradual diminution of dental and palatal irregularities with other statistics showing simultaneous increase of radical treatment of adenoids would prove the causal relation in a satisfactory manner. But the ground covered must be very wide to be convincing. Some such work appears to me essential before palatal or dental deformities can be accepted as proof of past adenoids in persons of 30 or 40 years of age.

I cannot believe that open windows have anything to do with adenoids unless it be in the way of preventing them. My experience of the poorer quarters of London is limited to six weeks' midwifery practice as a student in St. Luke's, Clerkenwell, and Islington. The open window was then (six years ago) a phenomenon sufficiently rare to attract attention. Those districts grew, and still grow, large quantities of adenoids. It is stated in books by responsible authors that adenoids are exceedingly rare among savages and other uncivilised persons who have no windows to open and of whom many are exposed to climatic influences quite as unfavourable as we in England. On the other hand, I have never seen such a collection of "typical adenoid faces" as in a crowd of children which I observed (August, 1907) in a south-western coast town justly famed for the mildness and salubrity of its climate. However, an absolutely certain diagnosis of adenoids can only be made by the eye or the finger. I am, Sir, yours faithfully,

T. JEFFERSON FAULDER.

Welbeck-street, W., March 2nd, 1908.

THE STREAM HILL SANATORIUM SITE.

To the Editor of THE LANCET.

SIR,—My attention has been directed to the anonymous letter in your issue of Feb. 22nd *re* the site which I have given to the County of Cork Joint Hospital Board to erect a sanatorium on. As some of your medical contributors may be wasting time giving "Valetudinarian" unnecessary information, it is as well for me to state at once that no bulrushes grow on the ground, the earth surface is not peat mould, and that the under stratum is not yellow clay. The site has been closely inspected by a medical and an engineering inspector

of the Local Government Board and approved of. Nor was any evidence of medical value given against it at the recent inquiry, the only medical witness against it having not thought it worth his while to visit the site before giving his evidence. I am, Sir, yours faithfully,

LANGLEY BRASIER-CREAGH.

Stream Hill, Doneraile, Co. Cork, March 3rd, 1908.

THE HALL-EDWARDS FUND.

To the Editor of THE LANCET.

SIR,—Mr. J. Hall-Edwards, who is well known as a pioneer in this country in radiographic work, has as a result of this work developed cancer of the skin of both hands. It has been found necessary to amputate one hand and it is feared that he will lose the other. Mr. Hall-Edwards is in consequence deprived of the means of earning a livelihood, and has to face an uncertain future with the added distress of financial difficulty. It is hoped to raise a fund to put him beyond the reach of want, and for this purpose a local committee was formed at a meeting presided over by Sir Oliver Lodge on March 5th. About £600 have been promised, and it is hoped that the medical profession throughout the country will show its sympathy by contributing to the needs of one who by his pioneer work has helped to make the road easy and safe for those who follow him.

We are, Sir, yours faithfully,

ROBERT M. SIMON, M.D. Cantab.,
J. C. VAUDREY, } Secretaries.

41, Newhall-street, Birmingham, March 10th, 1908.

THE PRESENT PROSPECTS OF THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—In your issue of Feb. 29th you print a letter from Dr. Robert Saundby, intended, no doubt, as a reply to my letter in your issue of Feb. 22nd. With reference to Dr. Saundby's remarks concerning French medico-political history I beg to remark that I addressed myself to persons of the United Kingdom. I do not consider Dr. Saundby's remarks on the above score call for any comment from me. Persons who essay forth to "nip buds" must be careful lest inadvertence leads to thorny experiences.

Care on Dr. Saundby's part would have prevented his misrepresenting me, though his words in any case bear a peculiar importance and gravity which cannot be avoided. I spoke of "the fee agreed upon for the operation," one-third part of which should be apportioned "on the nail" to the general practitioner for his assistance at the operation and the *major* part of the after-attendance. As it takes two persons to make a bargain, I presume that the person paying the fee—the patient or the patient's friends—must needs agree to the fee paid. I positively deny that this is "dichotomy." It is nothing of the sort, it is a computed compound payment to two men for doing two men's work honestly. My proposal will insure the ultimate payment of the general practitioner if the so-called "specialist" is paid, and if not then the "specialist" is in "the same boat." Nowadays, with present methods, the "specialist" is often the only man paid, and the general practitioner has to whistle for his fees. My plan will also tend to keep many out of the hospitals, which apparently the hospital practitioners cannot or do not care to insure. Modern medical and surgical methods, instead of tending to cheapen treatment, as they ought to do, actually are made to render it more expensive and prohibitive to the sufferer of slender purse. The result is that more frequent resort is had to the hospital and so puts an increasing stress on charitable funds, whilst depriving a large section of the medical profession of an honest livelihood, and at the same time preserving to the public a self-respecting independence. Actually the methods of working, as between the profession and the public, is forcing hospital abuse "willy-nilly" on the public and turning the entire charitable system into a universal curse instead of a blessing. The public are and have long been desirous of a scale of charges as between themselves and the profession which will be final and inclusive. Instead of that our methods have been elaborated, till a serious illness, needing operation, is more disastrous financially than an earthquake or a fire. Why have the public not been met in this matter? Simply because it did not suit the pockets of the so-called "specialists" (hospital practitioners) who make and impose the rules which are known as "ethics." Those who suffer most are the public and general practitioner. The reason for this is that in any case the hospital practitioner gets material for "increasing his knowledge and perfecting his skill" which he could not otherwise obtain in such peculiarly favourable circumstances. He also derives a competitive advertisement from the better-class patients of his less fortunate "professional brother" (?), and finally is thereby enabled to set up a high financial standard of reward for his paid work, limit competition (financial and skilful), and keep a close corporation against the general practitioner, whose source of daily bread he helps to distribute gratis in hospital, in order to attain to the exclusive professional position he has usurped. When a "specialist" is wanted, under present ethical rules, he comes in, recommends certain procedures, which he carries out to his own sole financial profit at a high price, and departs. Apparently the "honour" of the profession, to judge from Dr. Saundby's letter, rests solely and simply on the predicament of the non-participating general practitioner. Clearly the "specialist" has no more to gain as he, figuratively speaking, "scoops the pool." Is there no "danger to the public" in these methods? Are there no "serious temptations" likewise? Wherein, if we are to accept Dr. Saundby's estimate, lies the inducement to benefit their patients by "further advice" or "expert skill" if it means financial desolation and loss of practice subsequently? We have heard "specialists" (?) complain that cases of cancer, &c., are not sent early enough for operation and thereby the patients' chances are seriously jeopardised. Must we judge the matter after the estimate of Dr. Saundby's letter? Or is the complaint of the "specialist" merely a dodge to get more cases in the doubtful stage to operate on under a financial arrangement beneficial to himself solely? Your readers will please bear in mind that I am simply speculating on lines laid down in Dr. Saundby's letter, in that the medical profession under "serious temptations" will come to "dishonour." I am simply showing the temptations and refuse to be responsible for the deductions.

My method, and that of some others known to me, is to meet the financial position of the patient and at the same time take into consideration the claims of my fellow practitioner and support and help him in actual practice instead of preaching "ethics" at him as "soft music to soothe his agony," the while the rising tide of "specialist-aided" hospital abuse and exclusive profit tariff comes up and drowns him and his paying patients. I want it generally understood that a general practitioner can, without giving offence or be thought a scoundrel, make to a "specialist" just such a request as I have had made to me and have gladly complied with: "I have a patient, suffering from so and so, who needs an operation, who wants it done at home, who says that he or she is willing to pay 'so much' for the whole affair, but that if your fee and my fees come to more, he or she will have to go into hospital. I know he or she is not at all well off and they already have had expense. Can you help us?" My reply is: "Tell your patient that for the sum mentioned you and I will do what is necessary—operation and after-treatment." Where is the "dichotomy" in such an arrangement? Does it not make for the benefit of the patient, bodily and financially? Is it not a gain to the patient, the general practitioner, and even the so-called "specialist" to do the work so that the after-treatment entails little or no trouble and that recovery will ensue without avoidable complications? It must be remembered that where one existed formerly there are a hundred skilled men available. Now, Sir, for want of a proper understanding between public and profession I can assure you that general practitioners are actually being driven to aid and abet hospital abuse and I cannot say that I blame them; in fact I consider it poetic justice. Let the following remark of a general practitioner made to me explain my meaning: "The hospital-man (doctor) works on hospitals purely to suit his own ends, to get into a position to charge big fees, to come to my and my neighbours' patients at high fees for operations which he takes good care to prevent me from doing by keeping the hospital circle a closed ring against me and those like me. He parcels out to each of his set as many appointments per man as he can, in order to keep us out and limit competition and therefore keep prices high. His high fees come out of my practice, and therefore leaves me less and less to draw upon amongst my patients who do pay for what they get. If my patients feel the expense of an illness, they pay