

artillery. The equipment of field hospital clothing and bedding taken into the camp by regiments is to be in the proportion of 3 per cent. of strength—that is what, under the established scale, is allowed for three men in hospital, as sufficient to have the bed linen and hospital clothing regularly changed. A general field hospital for British troops and another for native troops are directed to be established at Lawrencepoor, formed of the hospital establishments of different regiments marching to camp, but detached from them at this point. These hospitals are furnished to meet all ordinary requirements, and to them all serious cases of injury or sickness are to be transferred from the field. Each regiment and battery is to be provided with capital and pocket cases of instruments, a fair supply of splints and bandages, a small supply of useful medicines and articles of diet, such as essence of beef, brandy, &c. Should a man be seriously injured in the field, the medical officer in attendance on him is to write a few lines in pencil as to the particulars of the injury, and send him back to camp, where steps will be taken to detain him or send him on to the hospital in rear at Lawrencepoor. A medical officer is always to be present with each regiment and battery in the field, and one medical officer is always to be on duty in each brigade. A field hospital tent is to be supplied for every brigade. A certain proportion of doolies and doolie-bearers and ambulance-carts are to accompany and be attached to the various brigades of British troops. The arrangements for camp conservancy and water-supply seem to be good. As regards the latter, the efficient protection of the water-supply from waste and pollution is to be arranged for by officers commanding brigades, sanitary police, and sentries being employed for that purpose. A liberal allowance of Macnamara's and other filters is to be issued.

Correspondence.

"Audi alteram partem."

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—I am glad to see that the observations which Mr. H. Lee made in his Lettsomian Lectures on the subject of vaginal discharges in women, as bearing on the Contagious Diseases Acts, have been published in your journal. Those observations had previously attracted my attention, and, as coming from so high an authority, they will doubtless receive the attention of all who are interested in the subject. It will, therefore, be useful, in order to elucidate the question, if Mr. Lee would state a little more fully how he thinks that the admitted difficulty of distinguishing the venereal from the non-venereal discharges in women bears upon the question of the Contagious Diseases Acts. It must be remembered that every woman subjected to these Acts is proved, either by her own admission or by testimony given before a magistrate, to be a public prostitute, before she is liable to any medical examination whatever; and that for the whole time during which she is submitted to periodical examination she is in the daily habit of promiscuous sexual intercourse. Admitting to the fullest extent which can be demanded by any reasonable person that cases of vaginal discharges occur in which it is very difficult to decide whether they are venereal or no, I would ask how this bears on the question whether it is desirable in the case of a known prostitute to seclude her and cure her of such discharge (whether venereal or no) before she can again indulge in promiscuous intercourse? Would Mr. Lee deny that what he says about men is true also about women? "Most of these discharges may be communicated in kind. A pus-globule, from whatever source derived, will grow, subdivide, and multiply for a time when translated to another part, and may there produce an action of the same nature as that which originally produced it. Some of these actions have a specific character." If it is true that many of these discharges are specific, and almost all are communicable, what does it matter for the purposes of the Contagious Diseases Acts whether they are what we technically call venereal or no? This was a question which was, I need

hardly say, fully debated before the Contagious Diseases Acts Commission, of which I was a member. Some accidental circumstance deprived us of the advantage of hearing Mr. Lee's opinions, at that time, from his own mouth, but we endeavoured to give as much weight as we thought it deserved to the difficulty of diagnosis above referred to. On mature reflection it appeared to those of the Commissioners who were in favour of the principle of the Acts, that this difficulty had no bearing on that principle, since if it is justifiable to seclude a prostitute who is diseased, the occasional difficulty of diagnosing the disease ought not to stand as an objection to using the only means by which the diagnosis can be established. And, as a matter of detail and practice, it was thought that to exclude a public woman so long as she is suffering from a purulent discharge is an indubitable benefit to herself and to those with whom she would otherwise have connexion; while the opposite course of allowing the dubious cases to go free would, no doubt, turn loose on the town a proportion, hitherto indeterminable, but, I believe, very considerable, of cases of specific venereal disease. If I am mistaken in these ideas I shall be very thankful to my respected colleague for correction, but I think anyone who will read his essay on Gonorrhœa in "A System of Surgery" (second edition, vol. 5), and meditate especially on that passage (on p. 186) in which he dwells on the liability of any purulent fluid furnished by the female generative organs to excite gonorrhœa in the male, and on the probability that such purulent discharge may also convey syphilis if the woman be constitutionally syphilitic, will agree with me that I have respectable authority for them.

I am, Sir, yours, &c.,

Clarges-street, Feb. 8th, 1873.

T. HOLMES.

THE LATE DEATH UNDER NITROUS OXIDE.

To the Editor of THE LANCET.

SIR,—I think you will agree with me that inferences drawn from inaccurate data are usually erroneous, and I believe you will allow that the conclusions arrived at by the writer of the annotation in THE LANCET of Feb. 1st on the recent death following the administration of nitrous oxide, must be included in this category, for the particulars themselves in the newspaper report on which he founds his reasoning are incorrect. The weight of any statement bearing your authority is so great that these erroneous conclusions will be hereafter quoted as sound ones if they remain unchallenged; and I trust you will permit me to explain in what particulars they err. In the first place, the writer says: "These facts clearly show that the assertion, so constantly made, that nitrous oxide does not affect the heart, is without foundation, for the first symptom presented by Miss Wyndham under the influence of the gas was rapidity of pulse with diminution of volume." What Dr. Pattinson really does say is, and I quote from the report drawn up by him in conjunction with Dr. Drake and Mr. Browne Mason, "that the pulse became less rapid, but that its volume did not vary." And this testimony agrees with and support the conclusions formed by the committee, of which I had the honour of being a member, appointed to investigate the action of nitrous oxide, and does not in any way bear out the suggestion of your annotation.

Again, the writer says: "The immediate cause of death was clearly paralysis of respiration. There was no obstruction to the air-passages, and the tongue was protruded from the mouth while she still respired." This statement also is not borne out by fact, for there was considerable enlargement of both tonsils, with chronic elongation of the uvula interfering with her breathing, and rendering it at times somewhat loud, and that sort of breathing which may be explained by the term "snorting." And we find a little further on in Dr. Pattinson's report: "The symptoms now became alarming, the features appeared puffy and swollen, the eyeballs protruding, and the breathing thick and stertorous." Surely, Sir, this account does not resemble the effect of paralysis of respiratory muscles. In all the animals that I have seen killed with nitrous oxide the breathing has been quiet, more and more shallow, then intermitting, with the intervals longer and longer till death ensued. In this unfortunate case, Dr. Pattinson gives it as his opinion,