

great care, and moderate experience are sufficient for the safe administration of chloroform, without any special apparatus. Opposed to this is the reiterated belief, supported of course by the united body of professional anaesthetists, that both experts and apparatus are required, whether for chloroform or ether. 2. In favour of the use of chloroform as a routine anaesthetic is the weight of conservatism, including the convenience of administration of the drug. 3. In cases of death under administration, there is a natural tendency for even an upright and honest man to seek for causes of death outside the obvious possibility of accidental asphyxia from over-dosage or failure in resuscitation. A question in which such conflicting interests are involved can only be settled by facts. The Hyderabad Commission has contributed its quota. When chloroform was first introduced its use was attended for a long time by a wonderful freedom from mishaps. Of late years deaths have increased, and *pari passu* a certain degree of alarm has arisen. But are the deaths the cause of the alarm, or is the alarm the cause of some of the deaths? The latter view is by no means untenable. People may die of pure fright or of ordinary syncope. The state of anaesthesia may increase the possibility of such an untoward occurrence, which may take place under even nitrous oxide.<sup>1</sup> If this be so, then a certain responsibility rests on all who foster such an alarm by unguardedly condemning the use of a popular anaesthetic. But, after all, the crucial question is—What is the mortality in the practice of successful operators? This is the test which we apply to all important surgical procedures. By it we eliminate many fallacies.

Now, with regard to the practice of the Kashmir Mission Hospital, I may state that there has never been a death under chloroform. Since 1877, the number of surgical operations performed has been 13,275. In connexion with these, at the lowest estimate, chloroform has been administered more than 5000 times. Many surgeons in Great Britain must have had vastly greater experience. If it be possible to accumulate facts from such sources, we shall soon be in a position to judge as to the intrinsic mortality of this, in one sense, the most important operation in surgery.—I am, Sirs, yours faithfully,

ERNEST F. NEVE, M.D., F.R.C.S. ED.

Kashmir, Dec. 13th, 1889.

## THE ABOLITION OF WAGE LIMIT IN THE MANCHESTER PROVIDENT DISPENSARIES.

To the Editors of THE LANCET.

SIRS,—As considerable discussion has taken place as to how the "wage limit" rule was removed, and as no satisfactory answer has yet been given, I wish to state that originally the rule for admission to the above was:—"The members shall be artisans and others in receipt of weekly wages whose average family earnings do not exceed 35s. per week, and who are not in receipt of Poor-law relief" (extract from Fourth Annual Report, 1878). On Jan. 19th, 1882, the above dispensaries, with the Manchester Medico-Ethical Association, formed a joint committee, and recommended the adoption of the following:—"It is the unanimous feeling of the committee that a wage limit is not satisfactory, and must lead to suspicion and jealousy among the medical men living in the neighbourhood of the dispensaries, while the inquisitorial investigation of their circumstances will naturally be resented by the working classes. Your committee, therefore, think that the 'wage limit' should be done away with, and that a sufficient check against the admission of those above the class of the really poor will be provided in part by making the admissions subject to the approval of the managing committee, one of whose functions should be to decide on the admission and removal of the members, and further by reference direct to the District Provident Society by medical officers and others of such cases as in their opinion ought not to have been admitted." This was adopted at the adjourned annual general meeting of the dispensaries held in April, 1882. It is sincerely to be hoped that the Medico-Ethical Society will soon correct this terrible blunder. The fact is, that every person who seeks for admission into the Provident Dispensary should have his social circumstances inquired into by the inspectors of the Charity Organisation Society, just as the

hospital patients are looked after. What is the good in asking the doctors, or a person paid a commission on the number of members secured, to examine into the social circumstances of applicants? A provident dispensary is not a burial club.

The Manchester Provident Dispensaries should (a) fix the wage limit; (b) secure the services of the Charity Organisation Society in approving of applicants for membership; (c) have a cash fee department, so as to take ineligible cases of the hospitals *at once*; (d) exclude the rule referring to midwives; (e) refuse to allow provident dispensary patients to be foisted on to the hospitals when the dispensary doctor is tired of them; (f) and exclude the rule which says that no matter how large a family, not more than twopence per week shall be charged for them. Really, if the Manchester business men wish to pose as philanthropists, they should do so in the right way, and not by passing rules which benefit their workers, save their own pockets, and throw all the hard work on the medical practitioners. The sooner the medical staff at Manchester publicly assert their self-respect and determine to bring matters right, the sooner will they free themselves of ridicule, and cease to be the laughing-stock of business men, who only trade on their want of harmony and unbusinesslike actions.

The comical feature in the above resolution is the reference to the "suspicion and jealousy of medical men." This is, no doubt, a good string to play upon, as with such kept up little good will be accomplished. The "inquisitorial investigation" has been a good bogey for many years, but is now worn out, as it is well known that the working classes fix their rate of wages by trades unions, and arrange for advance of wages according to the price fluctuating. The tax authorities also by "inquisitorial investigation" fix the tax on house property, poor rate, income tax, and all such. Surely they might let the "inquisitorial investigation" scare die.—I am, Sirs, yours faithfully,

Liverpool, Jan. 1890.

R. R. RENTOUL.

## THE UTILISATION OF COUNTY HOSPITALS AND ASYLUMS FOR TEACHING PURPOSES.

To the Editors of THE LANCET.

SIRS,—It has often struck me as rather a strange thing that reading parties of medical students are not formed as they are in the literary departments of certain universities, and that, instead of medical students remaining during summer in the large cities in which most of our medical schools are situated, they do not migrate to some pleasantly situated smaller town where rural enjoyments are within reach, but where also facilities for study and hospital attendance are accessible. Many students come from abroad to study in the United Kingdom, and are without home ties during their student life. Such a plan as I suggest would be both suitable and pleasant for them, as well as for many students whose means could afford it, and to whom study in company might produce, from emulation, better results than solitary work. One or two summers might with great advantage be thus spent, a young graduate or advanced student acting as reading tutor, in charge of the party. The party, made up chiefly of third-year men, could attend the provincial hospital and the lunatic asylum if convenient. Hospital attendance and clinical instruction could be easily arranged for, and would count in the medical course. The hospitals at Carlisle, Chester, Ipswich, Worcester, Bath, and Brighton each accommodate over 100 patients, and attendance at them would count in the curriculum; possibly vaccination and practical midwifery could also be arranged for. In the large medical schools it is not easy to get dresserships, and in many of the hospitals patients may find themselves rather over-examined by students. If a party of a dozen students took up their residence near a country town which afforded the facilities for clinical teaching such as I have indicated, they might really acquire in the time more practical knowledge than at a large hospital overcrowded by students. A complete change, healthful amusement, and recreation might thus be combined with a systematic supervised course of study, which would count in the medical curriculum, and which probably could be obtained at less cost than the usual residence at the medical school.

I am, Sirs, yours truly,

Carlisle, Jan. 11th, 1890.

J. A. CAMPBELL, M.D.

<sup>1</sup> THE LANCET, vol. ii., 1889, p. 804.