

referring to my address on "How are Midwives to be done without," in THE LANCET of Jan. 16th, 1897.

I am, yours etc.,

Liverpool, Feb. 28th, 1897.

ROBERT R. RENTOUL.

To the Editors of THE LANCET.

SIRS,—Your correspondent Mr. Watt asks that every confinement may be directly supervised by a medical man. The idea, all must admit, is excellent and much to be desired, but how is it to be carried out? He says, clubs, dispensaries, and the poor-law; but he does not take into account medical men. A large number—I think I may say the greater number—of medical men in established practice would not care to undertake four or five times as much midwifery as they already do: many would not have the time, some would not have the physical endurance necessary, and others from various reasons would feel they were not capable of doing this extra work; and then many—I think very many—would not only be disinclined, but would absolutely refuse, to undertake a large number of midwifery cases. In proof of this assertion I would point to the advertisements of practices for sale. How often we see stated as a special attraction "Very little midwifery," "Hardly any nightwork," or some such expression. We certainly do not want any addition to our ranks to enable us to cope with this new imposition, as we are already far too crowded.

Clubs and dispensaries are well as far as they go, and they might go further with the help of midwives in a manner I have suggested before,¹ without any injury to the public or the profession. Poor-law fees at present are quite inadequate; that, of course, might be remedied, but the machinery is very cumbersome, and, in spite of Mr. Watt's assertion, that "no stigma of pauperism or other social ban attaches to such medical relief," I feel sure he will find many to differ from him who live and practise among the working classes, at any rate in rural districts; the poor do not want to be paupers, neither is it good political economy to encourage them to be. Although the law may allow the guardians to pay anyone for attendance at a confinement, they would, I take it, in actual practice only pay medical men who were not Poor-law officers in cases of emergency. All medical men, I presume, are agreed that the present state of things is too bad to be allowed to continue. The opponents of registration are convinced that there would be danger from want of control and supervision of the proposed midwives, and the promoters of registration are equally certain that medical men cannot possibly do all the work themselves. If only the holders of these two latter opinions could see and admit that there was some truth in their opponents' views the ground would be considerably cleared for useful work and there would be some chance of coming to a definite and useful decision.—I am, Sirs, your obedient servant,

Freshford, March 1st, 1897.

CHAS. E. S. FLEMMING.

"SHOULD EPILEPTICS MARRY?"

To the Editors of THE LANCET.

SIRS,—The statements made by Mr. William G. Thistle in THE LANCET of Feb. 27th require immediate and unqualified contradiction. Dr. Gowers is absolutely correct in stating that there is no reason to believe that accidental lesions are transmitted from parents to offspring. Mr. Thistle states that "instances abound in the writings of Darwin, the late Professor Rolleston, and others." Nothing could be further from the truth. Neither of the writers named was able to cite a single well-established instance of such transmission, nor did they profess to do so, except in regard to Brown-Séquard's guinea-pigs, concerning which recent experiment and inquiry have raised considerable doubt. In view of the fact that Mr. Thistle is so completely mistaken as to what is known and accepted on this subject, I am myself unable to attach any value at present to the cases A B, C D, E F, G H, which he states came under his own observation. Mr. Thistle apparently is not aware that a great deal more evidence is required than the mere statements of patients in order to establish such facts as those which he believes in with reference to the transmission of the effects of lesions. If he can satisfactorily establish by a full history and independent testimony any one of the cases cited by him, he will

have made a really valuable contribution to science. Hitherto all such supposed cases (to the number of hundreds) have broken down when carefully inquired into.

I am, Sirs, yours faithfully,

Oxford, Feb. 26th, 1897.

E. RAY LANKESTER.

To the Editors of THE LANCET.

SIRS,—The cases cited by Mr. Thistle in favour of the hereditary transmissibility of acquisitions are not convincing. Of the four which he gives from his own experience three pertain to the eye, and one of these (Case 3) is useless for purposes of argument. Can we eliminate from the other two the element of coincidence, seeing how numerous are the cases on record in which a parent has lost his sight through accident without any visual defect being transmitted in consequence? Is it not an accepted fact in institutions for the blind that those who have lost their vision through accident, such as small-pox, purulent ophthalmia, and injury, may marry without fear of the defect being transmitted? Apart from the possibility of Mr. Thistle's first two cases being coincidences, is it not also possible that in each of these cases the accident which destroyed the sight of one eye was predisposed to by defective vision in that eye, the defect in the corresponding eye in the offspring being inherited in the usual way? I mention this in order to show how easily error may creep into observations of this kind. Case 4 affords, perhaps, an even better illustration of this. It is highly probable that the deformity of the little finger to which Mr. Thistle refers as having been transmitted from the father to his children is an instance of a well-known deformity which tends to run in families, and that it was not acquired by the father. Deformities of this kind are generally attributed to accident. I am here reminded of a remarkable case which quite recently came under my observation. A medical student damaged his left little finger in football, with the result that it became bent and stiff. Shortly afterwards his father returned from India, and the son noticed exactly the same deformity in his left little finger, and was surprised to hear that it also had been produced by a recent accident. Now, had this accident befallen the father before the son was got, the case would have been cited as an unmistakeable proof of the inheritability of acquisitions—I am, Sirs, yours faithfully,

Devonshire-street, W., March 1st, 1897.

HARRY CAMPBELL.

"A QUESTION FOR ANÆSTHETISTS."

To the Editors of THE LANCET.

SIRS,—The importance of the questions raised by Mr. Clement Lucas in a communication to THE LANCET of Feb. 20th must be recognised by all, both surgeons and anæsthetists alike; but, I think, after a little examination the charges brought against the safety of ether inhalation will be shown to have no substantial basis in fact.

Firstly, as to whether the administration of ether ever causes inflammation of the lungs. During an experience of ten years as an anæsthetist Dr. Hewitt¹ only found two cases in which bronchial irritation followed the use of ether, and only one case, that of an exhausted patient with ovarian tumour, out of twenty-seven reported fatalities for the years 1880-89 inclusive was due to pulmonary congestion. Ether produces an increase of mucous secretion from the respiratory tract; but beyond this in thousands of cases there is neither cough, dyspnoea, nor other symptom of irritation after its inhalation. Now if ether caused lung inflammation at all it surely would be that form we designate catarrhal pneumonia, not due to the pneumococcus, but only secondary to bronchial irritation. Mr. Lucas, however, makes the astonishing suggestion as a second charge that his patient may have been infected with pneumococci by means of the ether inhaler. This is not even a scientific probability, for bacilli do not fly about in a moist atmosphere, but remain adherent to the surfaces upon which they were deposited, and, again, pneumococci are found in the epithelium of the healthy mouth² and are therefore present in the respiratory tract in many cases before the ether inhaler is applied. Every inhaling bag, mask, and facepiece should be thoroughly washed, or scalded out if possible, between each case, but with this precaution the addition of the inhaler

¹ THE LANCET, May 2nd, 1896, p. 1249.

¹ Hewitt: Anæsthetics and their Administration, p. 170.

² Baumgarten: Thesis ii., p. 244.

subjects the patient to no more risk of lung infection than a ride from Gower-street Station to Portland-road Station on the Metropolitan Railway.—I am, Sirs, yours faithfully,

H. BELLAMY GARDNER,

Assistant Anaesthetist to Charing-cross Hospital.
Welbeck-street, Cavendish-square, W., March 2nd, 1897.

To the Editors of THE LANCET.

SIRS,—Probably other anaesthetists will reply to Mr. Clement Lucas's article "A Question for Anaesthetists," yet I should like to say a word or two on the subject. If the cases of pneumonia after operation which he mentions were due to septic infection from the inhaler, surely the condition of the inhalers must have been filthy in the extreme. At the Middlesex Hospital the interior of the ether bags and face-pieces are carefully cleansed with an antiseptic solution every day after use; but even before that precaution was adopted I never heard of cases such as Mr. Clement Lucas describes, and if they had occurred frequently I imagine that one would not have been left in ignorance on the point. As to the remark about the anaesthetist distending the ether bag with his own breath, I can only say from a pretty large experience in ether administration that in no case whatever can such an objectionable proceeding be necessary.

I am, Sirs, yours faithfully,

THEODORE G. A. BURNS,

Anaesthetist to the Middlesex Hospital.
Welbeck-street, W., Feb. 24th, 1897.

To the Editors of THE LANCET.

SIRS,—We would point out, in answer to the question asked by Mr. Clement Lucas in THE LANCET of Feb. 20th, that it is quite possible to render aseptic all the apparatus for giving ether or gas and ether supplied by us, and that without any difficulty. At the suggestion of Dr. Dudley Buxton we made the rubber portions easily removeable, so that an antiseptic solution can be run into and through them and any like treatment can be applied short of boiling or baking, which, of course, is impossible in the case of rubber. Were there any large demand for such a thing a bag could be devised which could be replaced for every operation, daily or weekly, at a very small cost. We would also point out that it is not necessary for the bag to be inflated by the administrator's breath. If the cone end of our bag is held five or six inches from the mouth a slight blow will fill it, and that not by the administrator's breath, but by the surrounding air. The latest form of chloroform inhaler designed by Dr. Dudley Buxton is made so that the face-piece and all except the rubber parts may be boiled.

We are, Sirs, yours faithfully,

MAYER & MELTZER.

Great Portland-street, W., Feb. 25th, 1897.

"CORONER AND MEDICAL MAN."

To the Editors of THE LANCET.

SIRS,—In your annotation on "Coroner and Medical Man" in THE LANCET of Feb. 27th you lay down very clearly certain points, and I am fully willing to admit my technical error. Nevertheless, I should like to point out that *before I was sworn* I stated that I had had no order to make a post-mortem examination and that from the nature of the case the inquest could not possibly be concluded without the evidence arising from one. Nevertheless, in the face of this the coroner announced his intention not to give such an order. To quote your article, "The coroner, acting within his discretion, thought a post-mortem examination was not called for, and declined to make an order." To think that a post-mortem examination was not called for in the face of my positive statement that no conclusion could be arrived at without was absurd. You do not allude in any way to the other side of the case—namely, what would have happened if I had found some natural cause for death, and so rendered an inquest unnecessary. This was, of course, my reason for making the post-mortem examination, and on my making the remark to the coroner: "If I had found a natural cause of death and so saved the bother and expense of an inquest, you would certainly not have stated that my action was illegal." With this he fully acquiesced. One more question, if I may occupy

your space. Is it legal for a coroner to give an order for burial with a certificate of the cause of death without holding an inquest?

I am, Sirs, yours faithfully,

Feb. 27th, 1897. SIDNEY H. SNELL, M.D., B.S. Lond.

THE ETIOLOGY OF BERI-BERI.

To the Editors of THE LANCET.

SIRS,—There has recently been an epidemic of beri-beri at the Richmond Asylum, Dublin. As I take much interest in this disease—almost one-third of all patients I see are suffering from it—and in view of tin poisoning being a possible cause, I should be glad if I could find out through the medium of THE LANCET if there is any possibility of tin-poisoning occurring at the Richmond Asylum. One of the questions which has suggested itself to me is whether the water of the place is conducted through tin-lined pipes. It is probably an acid water, as are many of the waters of this country. I shall be much obliged for an answer to this question, and offer my thanks in anticipation.

I have the honour to be, Sirs, yours faithfully,

J. TERTIUS CLARKE,

Acting Resident Surgeon, Negri Sembilan,
Straits Settlements.

Jan. 28th, 1897.

THE DUBLIN SLAUGHTER-HOUSES.

To the Editors of THE LANCET.

SIRS,—I beg to ask you to allow me to correct an error into which I was led as to the number of slaughter-houses in Dublin. The mistake arose from the numbers having been allowed to remain on the buildings in the order in which licences were granted during the past 100 years. Thus, although these numbers run up to 359 at least, only 66 actually exist at present, in addition to the public abattoir. It is therefore a satisfaction to find that the number actually in use at present has fallen from 87 in 1879 to 66 as seen in the registered list, which has been kindly shown to me by Sir C. Cameron, the chief medical officer of health, and to learn that measures are being taken to extinguish three others. An attempt to abolish others failed under the Public Health Act. It is to be hoped that these measures will be continued, although their abolition is attended with expenses.—I am, Sirs, yours faithfully,

Dublin, March 2nd, 1897.

CHAS. F. MOORE.

"ALBUMINURIA IN PREGNANCY."

To the Editors of THE LANCET.

SIRS,—I see, to my great regret, that my article on Albuminuria in Pregnancy is published to-day without my revision. The manuscript was written in haste for reading at the Hackney Branch of the British Medical Association on Oct. 5th, 1896, and, as my revised slips will show, stood in need of much amendment. You will remember that when you accepted the paper it was on the understanding that I should be at liberty to alter it freely in slip. The fault, I admit, is mine, as I received the slips at the beginning of the week, but with no intimation that the article would be published that week. Was not the time allowed rather short? In fact I was too much pressed by other work to be able to return it sooner than I did. I hope that you will kindly publish this letter in explanation of a misfortune which has led to the appearance of my article in what I consider—and I fear my friends likewise will consider—to be a very rough and inaccurate state. The corrected slips would reach you on the day of publication.

I am, Sirs, yours truly,

T. CLIFFORD ALBUTT.

St. Radegund's, Cambridge, Feb. 26th, 1897.

P.S.—In the first paragraph I appear to point to a particular author as a supporter of the mechanical causation. By my revised slips you will observe that such an attribution was not intended.

"AN UNUSUAL RESULT OF ABORTION."

To the Editors of THE LANCET.

SIRS,—In reply to Dr. C. E. Purslow's request for instances of similar experiences made at the end of the account published under the above heading in THE LANCET of