

"he might get better if the financial worry which was now troubling him was got rid of." On the other hand, this excuse seems to suggest that he has been actively engaged in financial undertakings. However, without medical evidence, judging by this lay report, this young man, you will observe, is pronounced of unsound mind and placed under restraint without the usual medical certificates. Of course you will accept the fact that the learned Chief Justice merely followed the powers vested in him by the Lunacy Act in force in this colony; but in this particular example it seems very hard to be able by "law" to deprive a British subject of property and liberty upon what appears to be incomplete evidence. Although the learned Chief Justice adds the comforting remark "that it would always be competent for him, should he become sound of mind, to apply to the Court for his discharge," there might be a better prospect perhaps of this advice being consummated if the sufferer were placed in an asylum instead of being left with his friends, when it is alleged he has been growing worse from ten to twenty-nine years of age. Possibly this is a hopeless case. In an asylum his chances of recovery would be greater, if we take for example the case of a lady who was declared of "unsound mind" after the usual manner and duly placed in an asylum, where before a month had expired she appeared before the Court and was declared to be of "sound mind."

I am, Sirs, yours truly,

Cape Colony, Dec. 23rd, 1892. S. CARTWRIGHT REED, M.D.

THE NEW MEDICAL BILL FOR NEW SOUTH WALES.

To the Editors of THE LANCET.

SIRS,—As a copy of this Bill has lately been forwarded to me I should like to bring a few of its defects before the profession in Australia. The Bill provides for the formation of a Medical Council, to consist of ten practitioners, five of whom are to be appointed by the governor of the colony and five by the Senate of the University of Sydney. I would point out that no direct representation is given to the profession on the Council, and, further, that no arrangement is made for the payment of members of the Council. It is to be hoped that, if the Bill has not yet passed, two clauses will be introduced providing for the election of direct representatives and for the payment of members. To me it seems strange that in New South Wales the payment of members is not provided for; especially so because in the Health Act, 1890, of the Colony of Victoria (which has provided for the formation of a Board of Health and a Minister of Public Health) full arrangements have been made by Section 11 for the paying not only of travelling expenses but also for attendance. I would further suggest that New South Wales should follow the example of Canada, and introduce a clause providing for the prosecution of unregistered practitioners. Hoping practitioners will accept these few hints,

I am, Sirs, yours truly,

Liverpool.

ROBERT R. RENTOUL.

"THE DRAINAGE OF MIDDLE-CLASS DWELLINGS: HOUSE-TO-HOUSE VISITATION."

To the Editors of THE LANCET.

SIRS,—If you can carry the question of house-to-house visitation the country at large will be deeply indebted to you, for it must tend very materially to lessen the amount of zymotic disease. At the present time not only do sanitary defects which require very careful examination to detect remain uncorrected, but those also are neglected which are patent to the meanest scientific observer, and as a consequence lives are being daily sacrificed which with a proper amount of sanitary supervision might be preserved. I know of houses, some built but a very few years ago, and not very far removed from my own residence, with ventilating shafts about a quarter or half the diameter they should be and opening only just above the bedroom windows, while in others the house drains were originally neither laid on concrete nor were they properly jointed. We have lately had an inspector deputed by the Surrey County Council to examine the system of main drainage in this district, but it would have been far more satisfactory if the house drainage had received more atten-

tion, inasmuch as zymotic disease arises more frequently from the latter being defective than from the other. If the latter be perfect we can await, as you say, the advent of cholera, at any rate, without fear. I am told that house-to-house visitation is already in force at Brighton and has been productive of much good. But in order that defects may be detected we want three things: (1) properly qualified medical officers of health unconnected with private practice; (2) properly qualified inspectors of nuisances; (3) properly qualified plumbers. Without these three requirements being fulfilled the work cannot but be done very imperfectly. I would further suggest: (1) The report of every inspection made by the inspector of nuisances should be daily made to the medical officer of health; (2) no sanitary work undertaken by any plumber should be allowed to pass unless it has undergone inspection by the medical officer of health or sanitary inspector.

In course of time sanitary law will no doubt be more perfect than it now is, and the present Secretary of the Local Government Board ought to render effective service in this particular.

I am, Sirs, yours truly,

Surbiton, Jan. 16th, 1893.

F. P. ATKINSON.

P.S.—The ventilating shafts attached to the houses between Earlsfield Station and Clapham Junction require, I think, the sanitary inspector's attention. They are a good example of the size sometimes allowed.

DEATH UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—Dr. Hill's revelation and Mr. Edgelow's version of the cause of death, published under the above heading in your issue of Dec. 10th, 1892, do not remove but add to the existing confusion in the matter of "the safe administration of chloroform." These letters lead to the question, What is "the open method of administering chloroform" which teachers in anæsthetics recommend as the safest to employ? If one method is called the open method, there is probably also a closed method. Some of your readers will probably be so kind as to give, through THE LANCET, the desired correct information of the meaning of these terms, which cannot fail to be of the highest interest. No one will doubt that so long as the respiration of a patient under chloroform remains normal and regular there can be no danger. Yet we are told in the records of fatalities under chloroform that the respiration was watched with the utmost vigilance from start to finish. There then remains no other explanation but that the method of administration employed must be at fault which permitted the intake of too concentrated vapour causing a too rapid effect on the system, intensified by the existence of residual concentrated vapour in the lungs which probably accounts for the sudden and irremediable death. The lesson drawn from such accidents is: Commence in every case, of whatever age and condition the patient may be, the administration of chloroform with vapour very much diluted, and gradually and systematically increase the strength of the vapour to the strongest the particular patient is able to inhale with normal and regular respiration. The first gasp or irregularity in the respiration must be taken as the first and only sign of approaching danger. If this is at once corrected, as it can be by lessening the strength of the vapour, no more harm can follow such occasional gasps under chloroform than we expect to follow the gasps we constantly are compelled to make in ordinary life during speaking, singing

¹ "For the administration of chloroform no inhaler is needed, but a piece of lint folded two or three times, a cambric handkerchief, or piece of linen will answer every purpose. A convenient form of inhaler and one which has the advantage of economising the chloroform, consists simply of a piece of flannel stretched across a wire frame supporting a small piece of sponge. The anæsthetist should provide himself with a drop bottle, holding at least an ounce, and should have a supply of three or four ounces in reserve if necessary. Having sprinkled the lint or inhaler with a small amount of chloroform, it is turned moist side downwards towards the patient's mouth. At first it should be held about 2 in. away, and, as the chloroform evaporates, should gradually approach the mouth. As the moisture disappears fresh chloroform should be added. The aim of the administrator is to allow air to freely enter the patient's lungs mixed with about 5 per cent. of chloroform vapour. As soon as the agent begins to take effect the patient, especially if addicted to alcoholism, begins to struggle. It is not wise to forcibly restrain him, except to prevent damage being done either to himself or to those around. It is well to remember that the more continuously the drug is administered at this stage the less the patient struggles. Children usually cry, and in the deep inspirations which ensue a large amount of vapour is taken in."—Copied from a most recent edition of "Guide to the Administration of Anæsthetics."