

rienced practitioner, who, having administered anæsthetics at his hospital to a very limited extent, goes into practice with the fullest confidence in the safety of a drug which, as he probably informs his friends who have not read the article from which he has obtained his information, has been administered by Professor X. "so-many-thousand times without a single death."

I trust I may not be proceeding beyond the limits of the present discussion if I mention a point which seems to me to deserve particular notice in connexion with deaths under chloroform. I allude to the frequency with which healthy individuals have succumbed to the administration of this anæsthetic. What is the explanation of this fact? Some writers have advanced the view that robust and healthy persons are more susceptible to the influence of chloroform than those whose constitutions have been more or less undermined by disease. But surely this view is opposed to what we know of the action of most poisonous drugs; and, so far as my own experience in the matter goes, I should certainly say that, *cæteris paribus*, the weaker the individual the more readily does he yield to the anæsthetic influence of chloroform. I am inclined to believe that there are two main reasons why those in the enjoyment of fair or good health are especially liable to become the victims of chloroform poisoning. 1. The absence of serious organic disease is likely to engender a certain degree of carelessness in the administrator—carelessness which, if the patient were the subject of any constitutional affection such as phthisis or morbus cordis, would probably be replaced by watchfulness and caution. The high pressure at which we have to work at the present day is frequently responsible for the want of caution to which I have alluded. Patients in good general health do not, as a rule, suffer from any condition demanding prolonged anæsthesia; so that when a minor operation on a healthy individual is about to be performed, there is a tendency to look upon the whole matter as a trivial one. It frequently happens that either a light and transient anæsthesia is induced, or that the patient is overdosed with the anæsthetic. Although I believe that the dangers incidental to a light narcosis have been over-estimated, I freely admit that it is difficult to explain many of the deaths which have occurred by any other hypothesis. With ether, a light form of anæsthesia is, of course, far less likely to be productive of dangerous symptoms than with chloroform. 2. The other reason why persons in good health are more likely to be placed in serious danger than others is that struggling and excitement are far more common in such persons than in the weakly, anæmic, and debilitated. The muscular navvy, more especially if he has been addicted to alcohol, will, as a rule, struggle violently during the process of chloroformisation. The administrator, who is anxious not to cause greater delay than is necessary, proceeds to push the anæsthetic, and during the deep respirations which accompany or immediately follow the struggling a considerable quantity of chloroform is inhaled in a few seconds, and dangerous symptoms ensue. Had the patient been, for example, an anæmic child, the subject of old-standing hip disease and incipient phthisis, greater care would have been taken, the period of excitement would, as is usual in such cases, have been feebly marked, and so the risk of an overdose would have been very greatly reduced.

I would next draw the attention of your correspondents who hold that chloroform is the most suitable anæsthetic for general purposes to the following considerations. Let us imagine that we have before us what may be termed an average patient; let us suppose that he is about to undergo an operation of average length and importance; and, lastly, let us arrange that he shall be anæsthetised by a practitioner possessing but a rudimentary knowledge of the use of anæsthetics. Now what I would most strongly insist upon is this: that it would be comparatively easy to kill such a patient by the injudicious administration of chloroform, but a matter of considerable difficulty to do so by the injudicious administration of ether. This is surely a most important point. In recommending an anæsthetic for general use we must consider the inexperienced rather than the experienced. I do not propose to take part in any discussion on the relative merits of ether and chloroform; all I do is to submit the foregoing hypothetical, but nevertheless common, case to the consideration of your correspondents, and to state that, with the knowledge we at present possess, I should consider it highly prejudicial to the interests of the public to recommend chloroform as an anæsthetic for general purposes.

In conclusion, I would express the gratification which I

feel when I recognise that the practice of employing one anæsthetic for all cases is gradually becoming obsolete. I can only compare the practitioner who uses ether, chloroform, or any particular anæsthetic, exclusively, to the physician who is in the habit of prescribing an opiate for the relief of cough, whatever the latter may depend upon. I would submit that there may be as much tact and forethought necessary in deciding upon the most appropriate anæsthetic as in solving other problems in therapeutics; and it is for this reason, amongst others, that systematic teaching in the selection and administration of anæsthetics should form a part of the recognised curriculum in every medical school.

I am, Sirs, your obedient servant,

FREDERIC HEWITT,  
Instructor in, and Lecturer on, Anæsthetics  
at the London Hospital, &c.

George-street, Hanover-square, Oct. 23rd, 1888.

#### To the Editors of THE LANCET.

SIRS,—My main object in writing the letter which you were kind enough to insert in your issue of the 13th inst. was to insist upon the importance of the science of anæsthetics as a distinct branch of medical education. In this respect I am pleased to find that my opinions are completely in accord with those of Mr. Foy. Such being the case, the questions as to whether or not I have misunderstood the general sense of Mr. Foy's letter of the 22nd ult., or whether I have overstated the facts with regard to the use of ether in America, must be left to your readers, who have no doubt already drawn their own conclusions. I should, however, like to make one slight correction in my letter of the 13th. By a printer's error I am represented as saying that I did not admit "either the advisability or practice of such a proceeding"—i.e., legislative interference with the administration of anæsthetics. What I really wrote was somewhat stronger—viz., "I do not admit either the advisability or *justice* of such a proceeding"; and I again find myself in agreement with Mr. Foy, in deprecating, and deprecating most strongly, what he very justly terms "hysterical legislation" in the matter. My own position, and I believe that of many other anæsthetists, with regard to the use of chloroform, is as follows:—1. I fully admit that chloroform is a most valuable anæsthetic, and in certain cases the only one admissible. Here, again, I am at one with Mr. Foy; but I maintain that the number of such cases is much over-estimated, and, *per contra*, that the use of ether is in the majority of instances distinctly called for. 2. The comparative ease with which a patient can be deeply anæsthetised by the use of chloroform, so far from telling in its favour, I look upon as a distinct disadvantage, inasmuch as it tends to careless administration, and to emphasise the convenience of the surgeon at the expense of the safety of the patient. 3. When it is desirable to do so, the unpleasant taste of ether, and many of the objectionable after-effects, can be obviated by the use of nitrous oxide as an introduction to the free administration of ether. But both this "combined method" and the administration of ether by itself require special forms of apparatus, and more or less skill in their use. As far as ether itself is concerned, perfectly satisfactory inhalers, at once portable, simple, and inexpensive, are available; the necessary skill and experience should be obtainable in our schools. Unfortunately, this is not always the case, and I am firmly persuaded that until systematic instruction in anæsthetics becomes more general, so long will the indiscriminate use of chloroform prevail, and the death-rate from anæsthetics remain abnormally high. On the other hand, with the recognition of "instruction in anæsthetics" as an integral portion of the medical curriculum, we shall find the use of ether becoming more universal, and the death-rate correspondingly diminishing.

I am, Sirs, yours truly,

Pemberton-road, N., Oct. 1888.

J. FREDK. W. SILK.

#### QUIETENING MEDICINES.

##### To the Editors of THE LANCET.

SIRS,—It is a pity that Dr. Savage, in laying the ghost which has been stirred up anent restraint, should raise another. This he certainly does when he makes the very pointed remark, "No patients are ever kept quiet by means of drugs."

I know what Dr. Savage's views are on the harmfulness of those terrible "quieteners," chloral and hyoscyamine, and I thoroughly agree with him that if anything is likely to destroy a patient's chance of recovery it is the reckless use of such remedies. Since a lunatic suffering from insomnia dropped dead at my feet, after taking his evening dose of chloral, some seventeen or eighteen years ago, I have never prescribed that awful life-destroyer! I never prescribed a dose of hyoscyamine in my life, for I had the advantage of Dr. Savage's experience and opinion, as set forth in the *Journal of Mental Science*, before I thought of using it. At the same time I must look at such remedies in the light of the "governor" of a steam engine, which does not assist or retard, but regulates progress. It is the experience of all that the most harmful of drugs have their proper use; and in some hands opium itself is a very harmful drug, but we know how it is regarded as the "sheet anchor" of the physician in inflammatory disease; and so I find is *hyoscine*, which is as constant a preparation as morphine, useful in many cases. In excitement it will allay that symptom, and in profound melancholia it will certainly excite hilarity.

But if Dr. Savage has not used "quietening medicines" at Bethlem Hospital, what has he used? The following is a comparative table of one year's cost of medicine in Bethlem and St. Luke's Hospitals respectively, compiled from the Lunacy Blue Book in 1887:—

Name of asylum.	Average No. of patients resident.	Cost of medicine.	Cost per head per annum.
Bethlem .. ..	264 .....	£270 0s. 6d. ....	£1 5s. 0d.
St. Luke's .. ..	193 .....	73 8s. 6d. ....	0 7s. 7d.

Surely this shows economy practised in one asylum, in which, besides the usual staff, there are two visiting physicians; and almost recklessness in another, which is not blessed with officers, who ought not to be purely ornamental! I find in practice here that the more painters I employ the more paint is used. Ought it not to be so in the matter of physicians and physic?

Yours faithfully,

Stapleton Asylum, Oct. 13th, 1888. GEO. THOMPSON, M.D.

## THE MONOPOLY OF HOSPITAL APPOINTMENTS.

To the Editors of THE LANCET.

SIRS,—Two correspondents have already called attention to the above eminently unsatisfactory condition of affairs. Theoretically at least, hospitals exist for two purposes—the treatment of the sick poor and the education of the medical profession. In the opinion of many, doctors connected with a hospital are supposed to possess more skill and knowledge than those who are not. No doubt the *élite* of the profession hold hospital appointments. But as it is the opportunities and surroundings which make the individual, so it is considered that the performing of hospital duties elevates and improves the medical tone of a doctor. Holding that the hospitals are for the benefit of medical men, and for the improvement of their finances, I venture to suggest that the field of work in them should be greatly extended. Some time ago I called attention to the above in connexion with the Liverpool hospitals. It will scarcely be believed that there are only ninety-four visiting doctors connected with our eighteen chief hospitals, and, further, that many of these are connected with one, two, and in some cases three, different hospitals. (Dual appointments should be done away with.) There are also twenty-four resident doctors, and twenty-two dental surgeons. The consultants number thirty-nine, but in many cases these are acting surgeons to other hospitals. In 1885 there were 11,376 in-patients and 244,831 out-patients treated. Liverpool has a population of about 600,000, and 425 medical men. By subtracting the number of hospital patients, *plus* the number treated by the Poor-law, from the population, we get an average of 600 persons to each medical man. It is a low average, and therefore the men have enough time to spare for other work.

I have lately, in connexion with my prize essay, "The Financial Condition of the London Hospitals," collected statistics from 130 of the London hospitals. I find from the 1886 reports that during the previous year 50,935 in-patients and 1,179,661 out-patients were treated. To do all this work there were 742 visiting and 138 resident doctors. There were 287 consultants and 183 dentists. These figures

speak for themselves. To me it has always seemed to be a mockery when a physician or surgeon walks through four or five large wards. Two would be quite sufficient for his ability to find ample scope, while the others should be given to another man. As long as this monopoly, with its rigid exclusiveness, goes on, so long will it be found that medical men will establish private hospitals for themselves, as is now done in America and Germany, and will endeavour to withdraw subscriptions now given to other hospitals to their own institution. And who can blame them? A "hospital ring" is as unpleasant a body to deal with as can be found. It degenerates into a system of trickery whereby their friends and relatives are hoisted into appointments, while it excludes the hopeful and well-educated men from attaining their due eminence. As long as the being on a hospital staff is the royal road to a good-class practice, so long should this path be open to all anxious for advancement. In my opinion every respectable and highly qualified medical man in a town or city should serve from five to eight years on a hospital staff. In this way the "higher education" would be open to all; the medical profession would, as a whole, be elevated, and the non-medical public would be greatly benefited. At the same time, all those little vexatious restrictions as regards the attainment of the higher degrees in medicine and surgery should be withdrawn. If our journals have not the power or will—for most of our medical papers are managed by hospital men—to bring about the necessary reform, then I would strongly recommend that medical men take every opportunity to educate those of their patients who subscribe to hospitals, by letters to the daily papers, and by conversation regarding the present unsatisfactory state of affairs; for the medical man who thinks he is going to make any influence on the "hospital ring," and induce them to widen this circle, is a fool, and deserves to be excluded.

N.B.—It should be noted that there are 4852 medical practitioners in the metropolis.

I am, Sirs, yours truly,  
Liverpool, Oct. 15th, 1888. ROBERT R. RENTOUL, M.D.

## REFORM AT THE COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—May we through your columns remind Members of the Royal College of Surgeons of England that the annual meeting of the Members and Fellows of the College will be held in Lincoln's-inn-fields on Thursday next, the 1st prox., at 3 P.M. Though the College Council has gained the point of obtaining a Supplemental Charter, in order to empower it to hold land &c. of greater annual value than hitherto, still the Privy Council most markedly alluded to the fact that it was avoiding the disputed point. We may therefore hope that at no far distant date a further Charter may be obtained from the Crown granting the equitable and moderate demands of the Members. Let Members therefore assemble on Thursday in numbers as large as on former occasions, and assist us in passing resolutions emphasising the determination of the great body of the corporation to make its voice heard in the management of the affairs of its own College.—We are, Sirs, your obedient servants,

Oct. 25th, 1888. WARWICK C. STEELE, } Hon. Secs. Assoc.  
WM. ASHTON ELLIS, } M.R.C.S.

## "TREATMENT OF PUERPERAL SEPTICÆMIA."

To the Editors of THE LANCET.

SIRS,—In answer to Dr. Tayler's courteous criticism of part of my paper in THE LANCET of Oct. 13th, I may say that my experience has led me to the conclusion that the value of the vaginal douche with solution of permanganate of potash in puerperal septicæmia is in many cases very far from an "utter waste of time." In fact, in all those cases where the source of infection is situated in the vagina—the source of infection is not always in the uterine cavity—I have frequently had the very best results by merely washing out the vagina with Condyl's fluid reduced with warm water. The obvious objection in these cases to making a vaginal examination with the finger renders it, I think, desirable, in the first place, always to make a tentative experiment upon the vagina. My reason for not carrying out the "uterine toilet" as described in my paper before the 20th was because until