

the inconsistency referred to. There was nothing in my letter to justify the matter of Mr. Tait's reply; the manner one takes for granted. I am, Sirs, yours truly,
Manchester, Feb. 28th, 1893. W. J. SINCLAIR.

* * This correspondence must now cease.—ED. L.

THE HUNTERIAN ORATION.

To the Editors of THE LANCET.

SIRS,—Mr. Bryant, in his interesting oration on Feb. 14th, said, if I did not misunderstand him, that John Hunter, after his fatal seizure at St. George's Hospital, received the attention of his colleagues, was then conveyed to his own house, and died there in the evening. This account of the matter is contrary to the tradition at St. George's Hospital (where an old sofa is still shown on which the great man is said to have died) and is contrary also to the account in Palmer's Life (Hunter's Works, vol. i., p. 131-2), where it is distinctly said that he died in the hospital. I may add that I met at Paris, many years ago, one of the surgical staff of St. George's Hospital in Hunter's days, Mr. Gunning, afterwards body surgeon to Wellington in the Peninsula, who told me that he walked with the little procession conveying Hunter's dead body to his house in Leicester Fields. If Mr. Bryant has fallen into an inaccuracy, however trivial, on so important a matter as the last moments of the great surgeon, he will, I have no doubt, be glad to correct it.

I am, Sirs, yours truly

Great Cumberland-place, March 1st, 1893. T. HOLMES.

ANÆSTHETICS IN OPERATIONS FOR ADENOID GROWTHS.

To the Editors of THE LANCET.

SIRS,—The report in THE LANCET of Feb. 18th of my remarks at the Harveian Society's meeting on Feb. 2nd was necessarily curtailed, and I am afraid that I failed to make quite clear the main reason which induced me to take part in the discussion. What I said, and what apparently I failed to emphasise sufficiently, was to this effect: whatever the position of the patient, whatever the anæsthetic employed, whatever the degree of anæsthesia induced, it was of far greater practical importance, according to my experience, that when once the anæsthesia had been induced as little additional anæsthetic as possible should be given. The presence in the mouth of blood and mucus, instruments, the surgeon's finger &c. lead to gasping and spasmodic respiratory movements on the part of the patient. In the intervals between these gasps not only is elimination retarded, but the heavy chloroform vapour tends to accumulate at the back of the pharynx, and consequently there is always a possibility that with the next inspiration a vapour of dangerous strength may be inhaled. This I believe to be the explanation of those fatal cases referred to by previous speakers, and also of the well-known fact that it is in throat cases especially that we are most likely to meet with collapse after the operation has been finished.

To this I would now like to add that the exact degree of anæsthesia must vary slightly with each patient, partly according to the probable duration of the operation, and partly according to the dexterity of the operator, and can only be determined by long practice. It is now but seldom that I find it necessary myself to give any additional anæsthetic at all after the operation has once commenced, and not only do I seldom, if ever, have any after-trouble, but the patients recover very rapidly and talk coherently within a few minutes of being put back to bed.

I am, Sirs, yours truly,

J. F. W. SILK, M.D. Lond. &c.

Weymouth-street, Portland-place, W.

"BRITISH INSTITUTE OF PREVENTIVE MEDICINE."

To the Editors of THE LANCET.

SIRS,—I have no desire to continue the correspondence on this question in the spirit displayed by Dr. Ruffer. I would only, if you would permit me, refer your readers to the leading article in THE LANCET of Nov. 26th, 1892, on page 1224, and to my own letter in the following week on page 1302,

wherein is contained a summary of the views I hold on the subject and which I have seen no reason to change, and therein also lies my answer to Dr. Ruffer. The insinuation that I saw reason to run away from Mr. Victor Horsley is one which I am sure no one who knows me would for a moment accept.

I am, Sirs, yours truly,

The Crescent, Birmingham, Feb. 27th, 1893. LAWSON TAIT.

SANITATION IN EGYPT.

(FROM A SPECIAL CORRESPONDENT.)

THE conditions under which human life is maintained in Egypt are in many respects unlike what obtains in any other part of the world, and no attempt at sanitary legislation for the welfare of the inhabitants in general can be successful which is not based on a comprehensive study of the country, the climate, and the manners and customs of the people.

Topography.

The land of Egypt has been aptly compared to a palm tree—a long branchless stem, roots stretching far south into Central Africa, and a feathery tuft of foliage expanded fan-like on the shore of the Mediterranean. It is, in fact, simply a groove worn in the desert by the Nile and made habitable by the waters of that mighty stream. The total length of the Nile is 3370 miles. It drains a country as extensive as Russia, and for the last 1200 miles of its course receives no surface affluent, large or small. The fall from Assouan to Cairo is from two to three inches in a mile, and throughout the Delta this slight slope diminishes to less than one inch.

Density of Population.

The total cultivable area of Egypt is estimated at 11,300 square miles, the larger half constituting the Delta. In this comparatively limited space the aggregation of population is enormous. Officially it is said to amount to 587 souls per square mile, and in reality it is even greater than this, for the uncultivated portions are sparsely occupied by Bedouins, and the last census, taken in 1882 during Arabi's rebellion, most certainly under-estimates the total number of inhabitants. According to this apparently elaborate work, which, however, has been proved to be inaccurate in many particulars, there are 6,592,000 inhabitants classed as sedentary and 225,000 as nomadic; but as a matter of fact the numbers in each case should be far greater. The returns on which the enumeration was founded took no account in many cases of what are called *abadiehs*, or private estates, which often maintain a population amounting to many hundreds; and in addition to this source of error there is another, based on the well-known fact that the Egyptian looks with suspicion on a census, which he regards as the forerunner of increased taxation and enhanced recruiting. The vast mass of the inhabitants lives in the area actually under cultivation, which does not amount to more than 7800 square miles, so that on the whole the number of dwellers to each square mile may be put down as not far short of 900. This of course represents an excessive degree of overcrowding, and when it is considered that detached abodes are almost unknown, the magnitude of the sanitary problem may be imagined. The extra-urban population congregates almost entirely in villages consisting of clusters of wretched huts, huddled together in the most insanitary manner, with a view of economising space in order to leave as much land as possible for the crops. In the towns, though the architecture is more pretentious, the agglomeration is even greater, owing to the houses being many-storeyed and as a rule insufficiently provided with curtilage. Every effort is made to exclude the sun's rays from dwellings by means which also effectually impede ventilation, and the result may be seen in the half blind and wholly blanched aspect of the citizens.

Chief Sanitary Shortcomings.

Both towns and villages in Egypt are entirely without sewers, the rudely constructed mosque drains being unworthy to be called by that name. In most houses there are cess-pits, situated frequently beneath occupied rooms or in open and exposed places surrounded by filth of every description. Many of these cess-pits are side by side with wells, the subsoil water rising and falling in both simultaneously according to season. In numerous palatial structures in Cairo, Alexandria and other large towns house drainage is carried on through shafts in the thickness