

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

that date I did not despair of my patient's recovery under the treatment then adopted. To carry out the treatment described on the 20th it was absolutely necessary to use the uterine hook, in the first place, to bring the uterus within convenient distance; and, in the second place, to fix it. I would submit that describing the prick of the hook as "inflicting a wound" is a somewhat unusual way of putting it. Nor do I think that a wound, when the patient is already in a profoundly septicæmic condition, would in any way aggravate that condition.

I claim that in swabbing over the cavity of the uterus with a pledget of cotton wool saturated with an antiseptic caustic, such as iodised phenol, there is a great advantage to the patient over merely washing out the uterus with an antiseptic fluid by means of a syringe. In the first place, because I found the internal surface of the uterus in this case lined with a thick, exceedingly tenacious, sanguinolent mucus, which could only be removed by a tolerably energetic application of the pledget, and would, I am sure, have been left entirely untouched by a stream of solution of permanganate of potash ejected by any ordinary syringe; in the second place, iodised phenol possesses caustic properties, and by cauterising the endometrium its antiseptic influence would somewhat affect the septic uterine tissue, and the cauterised tissue would form a barrier against further infection.—I am, Sirs, yours faithfully,

Newcastle-on-Tyne, Oct. 23rd, 1888.

S. McBEAN.

THE CONTAGIOUS DISEASES ACTS.

To the Editors of THE LANCET.

SIRS,—My letter on the Contagious Diseases Acts seems to have failed in explaining clearly my views regarding them. I may think that those Acts are urgently needed, that they are perfectly justifiable, and that they would be very effective; but it seems mere waste of time to discuss them, since any proposal for their restitution is utterly impracticable, and ten members of Parliament cannot be found to advocate them openly, whatever they may say in private. The course I advocate includes education of the public as to the effects of syphilis; compulsory notification of infectious diseases; punishment of anyone who infects another with small-pox; compulsory examination and seclusion of small-pox cases; punishment of the exposure of an infected person in any way likely to inflict grievous bodily harm on another; classification of syphilis with the most malignant form of small-pox. There is no need to concentrate attention on venereal diseases, or to treat them as some peculiar and mysterious ailments which have no relations to other diseases.

I am, Sirs, yours very truly,

Oct. 22nd, 1888.

A. MEDICAL MUSER.

BIRMINGHAM.

(From our own Correspondent.)

MEDICAL MISSION.

THE annual meeting of the friends and subscribers of the Birmingham Medical Mission was held on the 18th inst. The report showed that there was an adverse balance of £70 odd. During the past year, 3877 cases had been treated at the mission, and, including those treated at their homes, 18,111 consultations had been given, an indication of the activity with which the work had been carried on. A savings bank and a temperance society had also contributed to the good influences effected by the mission; and though the cause had been hampered by want of funds, it was considered to be a matter of congratulation that so much had been done with the means at command. A vote of thanks was given to the Medical Superintendent, Dr. Crabbe, for the zeal and energy with which for so many years past he had conducted the work of the mission.

QUEEN'S COLLEGE.

The twenty-second annual meeting of the governors of Queen's College was held on the 18th inst. The report showed that the College was in a prosperous condition, and that last year had witnessed the largest number of entries on the record. Of 193 students in attendance during the year, 135 had passed one or more examinations by the different examining bodies. Valuable additions had been

made to the museum, which had been rearranged and increased, while various structural changes had been effected in the building. Good order and discipline had been maintained, and there was every reason to look forward hopefully and with confidence to the future.

NEW EYE INFIRMARY AT WOLVERHAMPTON.

A new building for the treatment of eye cases was opened by the Earl of Dartmouth on the 23rd inst. Erected by the liberality of Mr. Philip Horsman, the new infirmary consists of a main block for in-patients and a wing for out-patients with separate approaches. The sanitary and ventilating arrangements have been carefully superintended, and the building is heated with hot-water apparatus. Admirably planned, the execution of the work has left nothing to be desired, and it is to be hoped that the attendance of patients will justify the completeness of the work.

BOILER EXPLOSIONS.

Accidents of this kind are in the present day fortunately rare, yet, though considered to be preventable, they occasionally happen, in spite of the greatest care exercised in inspection and management. A lamentable instance lately occurred at a large flour mill in the town, where four lives were lost. The boiler was laid down in 1876. It was found that it had been regularly cleaned and repaired, as well as officially inspected from time to time, yet suddenly, without warning, it exploded and scattered havoc and death around. There were no signs of wear in it, no evidence of its having been overheated, and the flues were intact; but it was found that where it had been bound with iron rings there were some defective seams beneath. These had escaped observation in the inspection from the fact of being covered, and yet had come to give way at last. It was stated in evidence that in the present time more care is given to the joinings where rivets enter, and that such accidents are much less likely to happen than in former years. A fact which may convey comfort where new boilers are placed does not afford much consolation in cases where they have been in use for any length of time, even under careful supervision.

Birmingham, Oct. 24th.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE-ON-TYNE.

It is announced that the Princess Louise is to visit our city on Nov. 5th, her Royal Highness having consented to open the College of Physical Science here. Many people at a distance confound this new building with the new Medical College, but they are quite distinct buildings. The College of Physical Science is also in connexion with the University of Durham, and at one time it appeared likely that it might combine with the Medical College and so have one magnificent building; some obstacles, however, arose, and the scheme was abandoned. So we have two buildings where one might have looked and done better; but, as it is, these two buildings are very complete of their kind, and will enrich the architectural features of our city.—I regret to say that the Local Government Board have declined to sanction the retiring allowance made by the guardians, and carried by a large majority, as a superannuation to their late workhouse surgeon, Mr. N. Hardcastle, who served the union faithfully for the long period of thirty-five years. The objections of the Local Government Board are, at all events, hardly logical—namely, that as Mr. Hardcastle still holds the office of prison surgeon in this city he cannot be considered incapable of fulfilling his ordinary duties. Now, a man might be able to do one-half of his work very well, and yet find the whole too much, as I believe is the case with Mr. Hardcastle. The guardians have, however, determined to bring the case again before the Board, and it is to be hoped with success the next time.

MIDDLESBROUGH.

I regret to mention the death of Dr. T. Craster, the oldest practitioner in Middlesbrough, which took place on Tuesday, Oct. 16th. Dr. Craster, who was in his fifty-ninth year, had been in declining health for some time, but on the day preceding his death alarming symptoms set in, and he was visited by Dr. Embleton, from Newcastle, who