

incidental outlay, for which as yet little provision has been made. A laundry will be needed for the female colonists and school accommodation for the children. The sewerage system will need extension, and the committee are of opinion that for the security of the colony when its numbers increase there must be a resident medical officer, for whom a house will have to be provided. It is estimated that on the most economical basis the outlay for absolutely necessary purposes will be £10,000, whilst for the extension of the colony on a scale really proportionate to the demand for admission a far larger sum would be needed.

Epileptics are received at the colony impartially from all parts of the kingdom, and we therefore appeal for help to the charitable public throughout the country, and we trust that during this memorable year the effort begun to help a suffering and hitherto almost neglected class of our afflicted brethren may be placed upon a footing sound, hopeful, and commensurate with their great necessities.

Contributions, which will be duly acknowledged, should be sent to the secretary, Mr. G Penn Gaskell, at the society's offices, 12, Buckingham-street, Strand, London, W.C., or to the bankers, Messrs. Hoare and Co., 37, Fleet-street, London, E.C.—We are, Sirs, your obedient servants,

DEVONSHIRE. JAMES CRICHTON BROWNE,
HERSCHELL. M.D Edin, F.R.S.
W. H. BROADBENT, C. S. LOCH.
M.D. Lond.

March 22nd, 1897.

THE RECENT DEBATE UPON VACCINATION AT THE EPIDEMIOLOGICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—As the brief report of my contribution to the discussion on vaccination at the Epidemiological Society which is given in THE LANCET of March 20th is calculated to convey an erroneous impression of my opinion on the subject of vaccinal injuries, I shall be obliged if you will allow me to make one or two corrections. 1. As regards vaccinal syphilis I stated that although every alleged case of invaccinated syphilis brought before the Commission which had occurred between the years 1889 and 1896 was subjected to a searching inquiry, not one stood the test of an investigation into all the circumstances. I did not state that all were cases of congenital syphilis. 2. It is not my opinion that all cases of vaccinal erysipelas result from post-vaccinal wound infection, although the majority are probably due to this cause; cases have occurred in which the evidence goes far to prove that the erysipelas has been invaccinated. I have discussed these questions (including the alleged transmission of tubercle, leprosy, lupus, &c., by vaccination) at length in the forthcoming volume of Allbutt's System of Medicine, to which I would refer those of your readers who may be interested in the subject.

I am, Sirs, yours faithfully,

March 22nd, 1897.

THEODORE DYKE ACLAND.

"THE COMPENSATORY MECHANISMS OF THE HEART."

To the Editors of THE LANCET.

SIRS,—Dr. Starling, in the first of the Arris and Gale Lectures, reported in THE LANCET of Feb. 27th, made the following statement, which seems to me incorrect in almost every particular: "If the aortic pressure is maintained at its normal height it is evident that in mitral stenosis the work done by the left ventricle must be increased above its ordinary amount, since a certain fraction of the work is wasted in driving blood back into the auricles. Hence, the result of mitral incompetence is, first, increased diastolic dilatation of the left auricle and left ventricle, which later becomes more or less permanent; and, secondly, hypertrophy of the muscular walls of both these cavities." All the books I have on the subject tell me that in typical mitral stenosis cases the left ventricle is *not* hypertrophied. Statistics I have published¹ indicate also that in these cases dilatation of the left auricle is *not* common, except towards the end, when compensation breaks down. Dilatation of the left ventricle is also rare. When mitral stenosis is well developed it is exceedingly improbable that the ventricle wastes its energies in driving back blood into the auricle. A systolic murmur is commonly

absent, and I have indicated² why, even when the mitral valve is incompetent, regurgitation should not occur. It would contribute to clearness and accuracy if the word "incompetent" were not employed as synonymous with regurgitation, since a stenosed and incompetent mitral orifice is not an orifice at which regurgitation occurs to any appreciable extent. When, however, late in the history of the malady compensation breaks down and the auricle dilates, then regurgitation appears, a systolic murmur is introduced, and cardiac symptoms first become pressing. A second cause of confusion in discussing the physics and the pathology of mitral stenosis arises from not discriminating between slight and severe stenosis. Thus it is incorrect to say that hypertrophy of the left auricle is a characteristic change in mitral stenosis if the stenosis be slight, and correct if it be severe. It is surely important to take notice of such distinctions.

I am, Sirs, yours faithfully,

Mentone, France, March 19th, 1897.

D. W. SAMWAYS.

"A QUESTION FOR ANÆSTHETISTS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 20th Dr. Silk raises the question of the frequency of pneumonia in present-day aseptic surgery. I venture in this connexion to quote the following case which has occurred within the last few days at the New Hospital for Women.

The patient, aged twenty-five years, convalescent from syphilis of an aggravated form, was re-admitted on March 11th, after a fortnight's absence from hospital at a convalescent home, for operation the following day, with normal pulse, temperature, and respirations. On the 12th she was anæsthetised by Mrs. Keith, anæsthetist to the hospital, with gas and ether, for removal of hypertrophied labia. The operation was performed with the usual minute antiseptic precautions and lasted half an hour. The temperature rose the same evening to 103° F. and the urine was highly albuminous. By the 15th there was consolidation of the whole lower lobe of the right lung with rusty sputum, and two days later the left lung was attacked. At the present time the patient is recovering. She had undergone two previous operations for recto-vaginal fistula and had suffered in no way from the anæsthetic. The inhaler used at the New Hospital for Women has a celluloid facepiece, which is washed before use. It may be mentioned that two other patients had been anæsthetised before this one on the same morning, neither of whom showed any ill after effects. I would suggest that it is to the surgeons we must look for reports of these cases rather than to the anæsthetists, who seldom see the patient after the operation.

I am, Sirs, yours faithfully,

FLORENCE NIGHTINGALE BOYD,

Surgeon to the New Hospital for Women.

Harley-street, W., March 20th, 1897.

THE CELEBRATION OF THE LONGEST REIGN.

To the Editors of THE LANCET.

SIRS,—You published a note from me in THE LANCET of June 4th, 1887, making a suggestion that medical students in London should take part in the celebration of the Queen's Jubilee. Though the scheme was very favourably received by the students of that time, for many reasons the scheme was dropped. Now, although far away from the scene of action, I throw out the suggestion once more. I suggested a torch-light procession, but if any more suitable scheme was brought forward I have no doubt my idea would be passed over. But, Sirs, on this occasion there is much more to be said for the medical students to be represented in the demonstrations of loyalty to the Crown and admiration for Her Majesty. Throughout the British Empire, after the kindly expressions of the Queen and the Prince of Wales, it is extremely probable that medical interests—hospitals, nursing, &c.—will be furthered and established on a more secure and lasting basis; therefore it would be ungracious for the rising medical practitioners not to celebrate the event. Looking forward to the memorable occasion,

I remain, yours faithfully,

A. MARIUS WILSON, M.D. Durh.

Capetown, March 7th, 1897.

¹ Brit. Med. Jour., Nov. 28th, 1896, pp. 1567-3.

² Ibid., Jan. 23rd, 1897.