

1. The perversion caused by insanity, as evidenced in some cases of general paralysis of the insane, in cases of dementia præcox, and in cases of the weak-minded. The perversions in the latter class are often of the most extraordinary character.

2. The inherited perversion.

3. Accidental perversion, caused by a change in the sexual feelings after accidents to, or operation on, the organs in the abdominal cavity, and no doubt due to some change in the ganglionic or sympathetic nervous system, or the result of alcoholism plus an abnormally high blood pressure, and often associated with an early arterial sclerosis.

4. The result of jaded and worn-out normal sexual feelings.

5. The result of fear of the consequences of normal sexual intercourse in both sexes. Our declining birth-rate proves the existence of this, and there is here an association with Lesbianism.

Attempts have been made in several countries and for many years to get sexual perversions considered as no criminal offence, and even to prove that these perversions are really more moral than the natural normal sexual act. I think legislation should deal more stringently with cases which do not come under the classes 1 and 3, where the offenders should be considered as irresponsible, and cases for care and treatment, rather than punishment.

I am, Sir, yours faithfully,

Bournemouth, June 7th, 1918. LIONEL A. WEATHERLY, M.D.

### SMALL-POX IN LONDON.

To the Editor of THE LANCET.

SIR,—The accompanying table is of interest in view of the recent reappearance of small-pox in the London area. The

Year.	No. of cases.	Year.	No. of cases.	Year.	No. of cases.	Year.	No. of cases.
1884	6363	1893	2376	1902	7916	1911	70
1885	6164	1894	1117	1903	355	1912	5
1886	99	1895	941	1904	449	1913	1
1887	56	1896	190	1905	53	1914	1
1888	63	1897	70	1906	27	1915	11
1889	5	1898	5	1907	2	1916	1
1890	22	1899	18	1908	1	1917	0
1891	63	1900	66	1909	15	1918	41*
1892	325	1901	1743	1910	5		

\* For first six months of the year.

table is divided into consecutive periods of nine years. The figures are taken from the annual reports of the Metropolitan Small-Pox Hospitals during the last 34 years and represent definite cases of small-pox in which the diagnosis has been confirmed. The table shows the rise and fall in the number of patients treated throughout each period, and is so arranged that the maximum year of each period appears at the head of the column. It seems reasonable to expect that in 1920 another maximum will be recorded. Will it follow the precedent of 1902 or that of 1911?

I am, Sir, yours faithfully,

Joyce Green Hospital, Kent, June 15th, 1918. A. F. CAMERON.

### METHODS OF GENERAL ANÆSTHESIA IN FACIAL SURGERY.

To the Editor of THE LANCET.

SIR,—With reference to the interesting article on this subject by Lieutenant R. Wade in THE LANCET of June 8th I would like to mention another method which should not be lost sight of—namely, preliminary tracheotomy and anæsthetising through tracheotomy-tube. I have used this method several times in the worst types of jaw cases and consider it is the best for cases with comminution of the mandible, laceration of the soft parts, and when the field of operation includes the oral cavity. These cases are usually acutely septic and the risk of septic pneumonia is very great. The technique is as follows:—

A preliminary tracheotomy is done preferably with local anæsthesia and the tracheotomy-tube inserted. A small wire mask covered with gauze, and specially made for the purpose, is placed over the tracheotomy tube and tied with tapes round the neck. Anæsthesia is now induced by dropping chloroform on the mask, and when the patient is under it is continued by leading a tube under the mask and pumping in chloroform vapour either through a Junker or a Shipway's apparatus. A tube from the oxygen cylinder may also be led under the mask, but is seldom required. Before the operation is begun the fauces is carefully packed with gauze.

In this way we have a free airway in any position of the patient, the anæsthetist is removed from the field of operation, and the risk of blood or septic matter reaching the lungs is practically nil.

The tracheotomy tube may be left in for 24 hours after the operation.

The only disadvantage is that it involves an additional operation and more care in the after-treatment, but with its many obvious advantages it is difficult to understand why it is not more extensively used.

I am, Sir, yours faithfully,

T. LOVETT,

Captain, R.A.M.C.; late Anæsthetist at a General Hospital, B.E.F.

June 14th, 1918.

### A NATIONAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Perhaps you will permit me to reply as briefly as possible to Dr. M. Hamblin Smith's criticism in your issue of June 8th. The *compulsion* under Surgeon-Major Dill's scheme works out as follows:—

1. Every member of the public is to be compelled, *ex hypothesi*, to pay for this State Medical Service whether he wants it or not. Therefore he cannot go to an independent practitioner outside the scheme, unless he is prepared to pay twice over for medical services.

2. The independent practitioner of medicine will find that only a small proportion of his patients, the wealthy ones, are able and willing to pay twice over. He will not be able to live on these alone, and if he stays out of the scheme he will starve. Starvation is quite a useful means of *compulsion*, as I believe the Germans have found in dealing with their prisoners of war. Therefore he will have to come into the scheme, and even the comparatively wealthy people, prepared to pay twice over, will usually fail to find an independent private practitioner.

This is practically the way *compulsion* came in under the National Insurance Acts. It was not universally effective, owing to the income limit, but under the "State Medical Service" outlined by Surgeon-Major Dill there will be no income limit. All classes are to be compulsorily insured.

I am, Sir, yours faithfully,

Hampstead, N.W., June 16th, 1918.

HENRY SHARMAN.

### URBAN VITAL STATISTICS.

(Week ended June 15th, 1918.)

*English and Welsh Towns.*—In the 96 English and Welsh towns, with an aggregate civil population estimated at 16,500,000 persons, the annual rate of mortality further declined to 11.4, against rates decreasing from 15.0 to 11.5 per 1000 in the five preceding weeks. In London, with a population slightly exceeding 4,000,000 persons, the death-rate was 11.0, or 0.2 per 1000 below that recorded in the previous week; among the remaining towns the rates ranged from 4.4 in Southend-on-Sea, 4.6 in Enfield, and 5.7 in Walthamstow, to 19.1 in South Shields, 22.4 in Sunderland, and 25.0 in Barnsley. The principal epidemic diseases caused 333 deaths, which corresponded to an annual rate of 1.0 per 1000, and included 133 from measles, 99 from whooping-cough, 48 from diphtheria, 31 from infantile diarrhoea, 11 from scarlet fever, and 6 from enteric fever. Measles caused a death-rate of 3.4 in West Hartlepool, 4.0 in Sunderland, and 8.7 in Barnsley; and whooping-cough of 2.1 in Merthyr Tydfil and 2.2 in Sunderland. The 799 cases of scarlet fever and 1186 of diphtheria under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital were 19 above and 39 below the respective numbers remaining at the end of the previous week; the 2 cases of small-pox were discharged during the week. Of the total deaths in the 96 towns 126 resulted from violence. The causes of 26 deaths were uncertified, of which 4 were registered in Liverpool and 3 each in Birmingham and Darlington.

*Scotch Towns.*—In the 16 largest Scotch towns, with an aggregate population estimated at nearly 2,500,000 persons, the annual rate of mortality was 10.9, against rates declining from 17.0 to 12.0 per 1000 in the four preceding weeks. The 239 deaths in Glasgow corresponded to an annual rate of 11.2 per 1000, and included 12 from measles, 6 from whooping-cough, 5 from diphtheria, 4 from infantile diarrhoea, and 1 each from enteric fever and typhus. The 63 deaths in Edinburgh were equal to a rate of 9.9 per 1000, and included a fatal case each of scarlet fever, diphtheria, and infantile diarrhoea.

*Irish Towns.*—The 130 deaths in Dublin corresponded to an annual rate of 17.0, or 0.3 per 1000 below that recorded in the previous week, and included 4 from infantile diarrhoea, 3 each from measles and whooping-cough, and 1 from enteric fever. The 129 deaths in Belfast were equal to an annual rate of 17.1 per 1000, and included 7 from whooping-cough, 4 from measles, 3 from infantile diarrhoea, and 1 each from enteric fever and diphtheria.

ROYAL ALBERT HOSPITAL, DEVONPORT.—A special meeting of the governors of this institution was recently held to consider the serious financial position of the charity. It was stated that the appeal which had been made for £12,000 had realised less than £2000. The chairman proposed that the hospital be temporarily closed on Oct. 1st; this was seconded, but eventually an amendment was unanimously carried postponing the meeting for three months. The committee of management in the meantime will prepare a scheme for placing the hospital upon a sound financial basis.