

this effectually is not so easy as may at first be thought. There is usually no fireplace in bath-rooms, nor is there always a construction of the house adapted to the use of hopper-shaped ventilators in the ceiling. Besides which such ventilators should not depend for their action on what are called "extracting cowls" (which always require a certain amount of wind to set them in motion), but should be self-acting from the heat of the gas apparatus. Here we are confronted by the difficulty that in the act of heating water by a "geyser" the gas is cooled, and thus rendered too heavy to readily escape by the funnel usually provided. The difficulty, however, is not insuperable, and I commend it to the attention of the parties most interested, whether they might not ensure the proper action of a ventilating funnel by providing an Argand, or other separate burner, for the sole purpose of maintaining an upward draught in the funnel, and which shall not be used for the purpose of heating water. As I have before published, I now repeat that a good constant draught in the funnel (which is indispensable) must be guaranteed before any "geyser" apparatus is safe to use in an ordinary bath-room, and that means for ensuring it must be provided by all manufacturers who do not wish to be responsible for further homicides, or to be excused (when they occur) on the ground that they themselves are behind the educated public in knowledge of their own speciality.—I am, etc.,

Upper Norwood.

EDWARD HAUGHTON, M.D.

#### THE DISCUSSION AT THE MEDICAL SOCIETY ON ABDOMINAL SURGERY.

SIR,—In a centre like Birmingham we are surrounded by specialism of all kinds, and we are so impressed by the success brought about by the subdivision of labour that we can no longer believe in the same man forging anchors and making hair springs for watches. What is true in the iron handicraft is and must be true in the handicraft of surgery.

In Dublin there is room for at least two or three men to devote themselves exclusively to abdominal surgery.

Mr. Thomson's allusion to my first fifty cases is no argument, because to make any contrast with those and his own first fifty cases, he ought to be working with the clamp and be under thirty years of age, as I was, without all the light which has been shed upon the matter for the last fifteen years.—I am, etc.,

Birmingham.

LAWSON TAIT.

SIR,—It seems a strange outcome of the discussion, this war against specialists. One cannot understand the sudden attack. What is wanted? To abolish gynaecology as a speciality because general surgeons, on account of the teaching they have obtained from specialists, can sometimes do gynaecological operations successfully? Surely this is not meant seriously. A general practitioner could never hope to have the same skill as a specialist in diagnosis or treatment; neither could a general surgeon as a rule expect to get sufficient work to make him expert as an abdominal surgeon. And to continue, for that matter neither can every gynaecologist expect to become an abdominal surgeon. A man who is a good surgeon in any branch has probably in him the making of a good surgeon for any other branch; and I have not the slightest doubt that Mr. Tait, if he chose to practise, could amputate a leg or do an operation for cataract as well as anybody. But this is not the question. It is a general one, namely, Is it best to be a specialist to do one thing well, perhaps excellently well? or is it better to go on mending broken legs, setting deformed spines, excising carious joints, exploring the brain, operating for squint, doing ovariectomies and hysterectomies, to be, in short, a "Jack-of-all-trades and master of none?"—I am, etc.,

Glasgow.

J. STUART NAIRNE, F.R.C.S.Ed.

#### THE WORKING OF THE NEW LUNACY ACT: A WARNING.

SIR,—I was called a few days ago to see a patient in the north of London, who was suffering from an acute attack of insanity. She had escaped from the custody of her friends, and had made frantic attempts to waken up certain of their neighbours in the night, under the delusion that something dreadful was going to happen to one of them. Failing to gain admittance at one house she went to another, where she was most humanely taken in and cared for, and, although a comparative stranger to the occupants, they sent for the doctor, who gave her a sleeping draught. The following morning I was sent for to give an opinion as to the

state of her mind. I advised her immediate removal to a lunatic asylum, and, together with the medical man who had also seen her, certified as to her mental state. She could with difficulty be retained from rushing out of the house, and it was a case requiring prompt action. Armed with the two medical certificates and the petition to a justice, duly signed, the husband of the patient called upon a justice to obtain the necessary order for the patient's admission into Bethlem Hospital. The justice at first said he had not time to do it then, and, after some supplication on the part of the distressed husband, he was told by the justice that his "lunch was ready!" The petitioner thereupon informed the justice that this was a matter of more importance than his worship's lunch, whereupon he (the petitioner) was told to get an urgency order, as the justice must have time to look at the Act. Another justice was applied to, and he at once said he did not understand the duties required of him under the Act. I advised the county court judge should be applied to, but that worthy stipendiary, without delay, sent to the petitioner a certificate according to the Act, to the effect "the signing of the order would interfere with his judicial functions!" and there was an end of the matter as far as he was concerned.

I then told the petitioner the justice to whom he first applied should be appealed to again, and it should be explained to him that an urgency order would entail the additional expense of fresh medical certificates within seven days; and at last, after several hours of unnecessary delay, the justice signed the admission order, and the patient was admitted into the hospital.

It seems really incredible that an acute case of insanity, about which there could not be a shadow of a doubt, should be refused an order for admission into an hospital for nearly twelve hours, because the justices do not understand their duty.—I am, etc.,

T. OUTTERSON WOOD, M.D.

Margaret Street, W.

#### ALCOHOL IN WORKHOUSES AND GENERAL HOSPITALS.

SIR,—At the present time there is considerable activity amongst teetotalers on the alcohol question, and at meetings of boards of guardians all over the country the subject is being discussed. In some unions alcohol has been entirely dispensed with; in other unions the consumption has been reduced to a minimum, and guardians naturally are desirous of knowing why it is certain medical officers can dispense with the use of stimulants whilst others employ them. At Leeds we are told the expenditure has been reduced from £1,000 to 7s. 8d. At Burnley no alcohol has been consumed for fifteen years, and other unions are quoted in support of the contention that alcohol is useless in the treatment of disease. The general hospitals throughout the country have very materially reduced their expenditure on alcohol in all its forms, but the general hospitals have not abandoned its use *in toto*. The class of cases in the union infirmaries are exactly identical with those in the general hospitals. The workhouse medical officer has to treat pneumonia and other acute diseases, and grave surgical operations are performed at many union hospitals. At the Leeds General Infirmary alcohol is used. Must we conclude that the staff of the Leeds General Infirmary are wrong in continuing this agent, and that we must look to the Leeds Workhouse as our guide in the matter; and as alcohol can be done away with in the Leeds Union Hospital, so it ought to be done away with in the Leeds General Infirmary?

This is a plain way of stating the case, looking at it from one aspect. And what is true of Leeds is true of other towns where there is a workhouse on teetotal principles, and a general infirmary conducted on temperance principles. Is alcohol useful in the treatment of disease? Is it a medicine? Has it any value like the other poisons? Is there hardship to the sick poor in refusing to supply it to them in our union infirmaries? Are medical officers of union infirmaries carrying out the scientific treatment of disease by withholding alcohol under all conditions, or are they simply swimming with the tide of opinion, with boards which favour economy and teetotalism? If a medical officer uses stimulants in his private practice and refuses it to his patients in the union infirmary, I consider he is inconsistent and unscrupulous, and the sick poor must suffer. I do not assert that such is the case—I only put it as a possibility that, to save controversy or friction, some medical officers may solve the problem in a very simple way by cutting off alcohol absolutely in their infirmaries. It is unpleasant for medical officers to have to enter into explanations of their modes of practice, and to undergo, as it were, a re-examination in the principles of medicine; there is the temptation