

he always used the same current, but unless it was calibrated, it would give him no information as to the absolute amount of that current.

It is surely a matter of regret that at a time when the electrolytic treatment of fibroids is under trial any statement so utterly misleading as those referred to should be made on so vital a point of the procedure, and all the more so when they issue from men whose names are so well known in connection with the practice of electro-therapeutics and gynaecology,

Medical electricity has been for years a by-word, mainly owing to the haphazard mode of employing the agent in the treatment of disease. It is to the interest of all concerned that every encouragement be given to the adoption of scientific modes of thinking and speaking about this force, for until we think and speak accurately regarding it, its practice must remain empirical and irrational.—I am, etc.,

R. MILNE MURRAY.

10, Hope Street, Edinburgh, October 29th.

THE COLLEGE COURT OF EXAMINERS.

SIR,—I am very glad to see that you evidently propose ventilating the system of election of examiners in the Court.

There is no doubt that personal influence and size of school have a great deal to do with the chances of any surgeon, however well qualified, from being elected. Your correspondent, "F. R. C. S.," is curiously correct in saying of certain members of that august body that "their ability as examiners is not as conspicuous as their eminence as surgeons." Any casual visit will convince one of this. Most of them are men in large practice or are supposed to be so, and how the time can be afforded, or the eagerness for monopoly of fees accounted for, is best known to individuals. To us, as outsiders, the solution of the equation is not so difficult.—I am, etc.,

A FELLOW.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

SIR,—I believe that the question of compulsory notification of infectious diseases is attracting a good deal of attention in your JOURNAL, so I hope you will permit me to give you my experience of the operation of the Compulsory Clauses in our Act of 1879.

In Derby, the notification is dual—that is, both the medical practitioner and the householder are bound by law to give the sanitary authority notice of cases of infectious disease, of the character described in the Act, immediately on their becoming acquainted with their nature. As in other towns, however, where the same kind of Act is in force, the Derby sanitary authority is satisfied with the one notification by the medical attendant; and for obvious reasons—namely, that the object of the Act, and the benefits to the community accruing from it, are sufficiently gained by this method of procedure, and the trouble and bother of reiteration by the householder avoided. Nevertheless, it is absolutely necessary to have notification by the householder as well set down in the Act, on account of those mild cases of scarlet fever, and other infectious diseases, where, as among the poorer classes, sometimes no medical man is requisitioned. The public of Derby understand very well that such is the case, and we have no difficulty.

We have found, if a householder neglect to give the necessary information, it is speedily supplied to us by his neighbours; and, if the neglect be wilful, a caution or punishment follows. But this has only happened about twice, or at the most three times, in our eight years' experience, and therefore may hardly be taken into account.

As far as our experience goes, notification has entailed no hardship on the medical men of this borough, for its inhabitants know that the Act leaves no option to the medical attendant, and, if he refuse to notify, the householder feels that the duty must devolve upon himself. In one instance that I can name this method was threatened, where the medical attendant (the only one who has given us any trouble) wished to keep the matter "dark." My medical brethren in Derby have been my kindest friends in this matter of notification; and their constant courtesy and help at all times leave me greatly indebted to them, and have assisted me very materially to grapple with any epidemic that has threatened us. So far as I know, no question of professional jealousy has ever arisen, though I am in general practice, and may be considered a competitor for public favour; in short, I attribute the great measure of our success with the Act in Derby to the fact of my being a general practitioner, and therefore able to appreciate and sympathise with all the doubts and difficulties which arise in the course of medical work, especially in regard to the great uncertainties at times of diagnosis of infectious diseases.

Many, many times have I been asked by my medical brethren to see cases which were doubtful, and together we have considered and adopted those measures which we thought best for each individual

case. Mistakes have even then been made, but they have been mutual, and we have done our best; a good feeling has at all events been preserved, and our good intentions demonstrated. In this way we have conducted the business of notification in Derby, and I venture to submit that it has done much good, and that it is capable of doing as much everywhere if a proper spirit only prevail.—I am, etc.,

W. ILIFFE, M.R.C.S., L.S.A.,
Medical Officer of Health, Derby.
Derby, October 31st, 1887.

SIR,—The subject of the notification of infectious diseases is again occupying a prominent place in the columns of the JOURNAL, and the number for last week contains letters which will be read with much interest by all who have practical knowledge of the difficulties attending notification. Will you allow me to offer a few remarks on a point of special importance contained in the letter of one of your correspondents?

"Mistakes in the diagnosis of infectious diseases are common, and cases are frequently sent to fever and small-pox hospitals which are found to be neither small-pox nor fever." So writes your correspondent, and, at the end of his letter, he says that in order to secure the efficient working of an Act for the Notification of Infectious Diseases, the medical officer of health "must also diagnose the case himself for the sanitary authority, and be carefully instructed to do nothing calculated to interfere with the cordial relationship existing between the patient and the medical attendant."

It is urged, then, by one writing adversely to notification, that the medical officer appointed by the sanitary authority should be authorised to form an independent judgment of the nature of a doubtful case of infectious disease, though, curiously enough, the writer seems to think that he must make the interests of his professional brother, rather than those of the public, his first care.

In New York, where I have lately been inquiring into the method of dealing with infectious diseases, which is based upon a very complete and efficient system of compulsory notification, the necessity for an independent diagnosis of the kind which your correspondent urges is fully recognised. The Board of Health has appointed a staff of "experts in diagnosis," of whom Dr. Taylor is the chief. Its members are specially qualified by long experience at fever and small-pox hospitals, and they are employed to diagnose doubtful cases which may require removal to hospital on behalf of the Board of Health. A large share of the responsibility of dealing with such cases after notification devolves upon the Board, and it is, therefore, clearly right that its action should be guided by the advice of its own experts.

The advantage of the American plan is that there is much less risk of cases of infectious disease being sent to the wrong hospital, or cases which are not infectious being sent by mistake to hospitals for small-pox, typhus, or scarlet fever. It involves a greater disturbance of the usual relations between patient and medical attendant than we are accustomed to in this country, but I submit that on public grounds there is much to be said in its favour.—I am, etc.,

35, George Street, Hanover Square. EDWARD SEATON, M.D.

DEATHS FROM CHLOROFORM.

SIR,—Your issue of October 29th contains an account of another death under the influence of chloroform, and the frequent repetition of these announcements cannot but strike the most superficial observer, and has led me to address a few remarks to you upon the subject while the matter is still fresh in the minds of your readers.

Apart from the actual number of deaths, one cannot but feel surprised at the equanimity with which the profession at large, and surgeons in particular, view these constantly recurring accidents, and at the slight efforts which appear to be made to improve matters even in directions where improvement is obviously possible. Such considerations not unnaturally suggest two questions—namely:

1. Why is it that chloroform is still so extensively employed as an anæsthetic for general use? I quite admit that in special cases it is invaluable, even absolutely necessary; but, as far as I can judge, the only claim for general use it has upon our consideration is that it need not be given in any special form of apparatus, proficiency in the use of which might require a longer or shorter course of special training. Ether has long been proved to be infinitely safer, and, judiciously administered, fulfils all possible requirements; while, properly combined with nitrous oxide gas, the violent struggling may be reduced to a minimum, the patient rendered insensible to the unpleasant odour, and the subsequent sickness, etc., much reduced. It is true that, to produce anæsthesia by the combined method, a certain amount of training in the use of more or less complicated inhalers, etc., is necessary; but will anyone seriously put such an argument