

£5, and my friend never had another case of midwifery in that village.

The other was that of a young medical man who commenced practice in a suburb of one of the largest cities of Germany. For about a year he had a large midwifery practice. At that time two other medical men settled in the neighbourhood, and his midwifery practice suddenly and entirely disappeared. On making cautious and guarded inquiries, he found that his new opponents gave the midwives a commission on every case in which they were called in. This is no single instance. Almost every medical man with whom I have spoken admits that it is a very widespread custom to allow some commission to the midwives.

Considering all this, one can see that the temptation must be very great to conceal the incompetence of a midwife, especially when the patient is beyond mortal help. The more I inquire into the working in other countries the more I am convinced that, if we are to have any legislation on the subject, it must be no rash sentimental Act, but one which is carefully constructed, and which has been submitted not only to the heads of the profession but to representatives of the practitioners with whom it is most intimately concerned, and through whom the practical working of any scheme must be carried out.

THE LUNACY BLUE BOOK.

THE Forty-fifth Annual Report of the Commissioners in Lunacy has just been published, and contains full statistical and other information connected with the changes in numbers and local disposition of the unsound in mind who are under official cognisance in England and Wales, and connected with the management of institutions for persons of unsound mind. The report contains numerous statistical tables dealing with the officially cognised mental unsoundness in this country under very many of its possible relations, and also special reports on county and borough asylums, lunatic hospitals, metropolitan district asylums, licensed houses for reception of the insane, and workhouses (so far as concerns the insane), and several other institutions.

The total number of persons of unsound mind under official cognisance in England and Wales on January 1st last was 86,795, being an increase of 728 in the year preceding. This total is divided into 8,200 private patients, 77,884 pauper patients, and 711 criminal patients. During the year the private patients have increased by 105 and the pauper by 627, but the criminal class has lessened by 4. The total increase of the year is considerably below the average increase of most previous years.

The noteworthy changes during the year in the distribution of the persons of unsound mind amongst the different institutions for their reception have been in relation to the pauper class, and have consisted on the one hand of an augmentation of the number of pauper cases residing in county and borough asylums by as many as 1,481, and, on the other, a decrease of pauper insane cases in workhouses by 867. These changes have not consisted at all solely in a transfer of pauper cases from workhouses to county and borough asylums, they are partly to be accounted for by an alteration in the classification of some of the workhouse inmates, owing to the operation of the new Lunacy Act. For it appears that some of the milder cases among such inmates, formerly classified as being of unsound mind, have for convenience and to save trouble and expense ceased to be so classified, "though often continuing to receive the same extra supervision in special wards" as before.

The report bears evidence of the sedulous care with which the Commissioners in Lunacy perform their numerous and important duties.

Mrs. T. G. RICHARDSON, whose husband was connected with the Tulane University in New Orleans for thirty-seven years, first as Professor of Anatomy and then as Professor of Surgery, has given 100,000 dollars to the medical school. The money will be devoted to the erection of new college buildings, and Dr. Edmond Souchon, the present Professor of Anatomy, is about to make a tour, accompanied by an architect, through the chief cities in America, to examine the details of the best medical schools.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the Offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the Office.

NOTICE OF QUARTERLY MEETING FOR 1891. ELECTION OF MEMBERS.

A MEETING of the Council will be held on October 21st, 1891. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before that meeting, namely, September 30th, 1891.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

BRANCH MEETINGS TO BE HELD.

NORTH WALES BRANCH.—The annual meeting will be held on Tuesday, August 11th, at the Wynnstay Arms Hotel, Ruabon. Members having any communications to make should at once address W. JONES-MORRIS, Honorary Secretary, Portmadoc.

SPECIAL CORRESPONDENCE.

SHEFFIELD.

Lunacy Reform.—Death-rate after the Influenza Epidemic.

At the recent Leeds Summer Assizes a woman was tried on a charge of murdering her son. The nature of the case called forth severe remarks from the judge (Mr. Justice Grantham). The woman had administered tincture of opium to herself and two children, one a girl aged about 3 or 4, and the other a boy of 17 months. The mother and the elder child recovered under medical treatment, but the little boy succumbed to the narcotic. Evidence was given of her insanity, and in the course of the trial it transpired that she had been an inmate of the Wadsley Asylum from September 19th to October 7th. She was discharged, because under the new Act the certificate under which she was admitted was illegal, as the medical man must declare he had read a portion of the Act before signing. Her condition was stated to be the same on discharge as it was on admission. She was sent home, to be re-sent on a fresh certificate. This was understood to be done under an order of the Lunacy Commissioners. The relieving officer was informed before she was taken away of the circumstances under which she was removed. The judge was perfectly satisfied that the woman had not been in her right mind since last September, and proceeded to make the following remarks: "They now understood how it was that this woman was liberated from the asylum, and, as he had said, it was one of the grossest pieces of bad management and red-tapeism that had ever been brought before his notice. Some order was made by the Lunacy Commissioners, and by this order this woman was allowed to be at liberty, with no one to take care of her, and no one to see that she did nothing dangerous to herself or to anyone else. It was clear that it was dangerous to set this woman at liberty, and there was no pretence whatever for saying that she was in a fit state to be at liberty. There was not even anything to show that the very next day she would not go and murder everyone she came in contact with. He thought it was the duty of the Commissioners in Lunacy, they made new regulations, under which people were to

discharged, that they should also take care that proper forms should be supplied, so that persons who were not fit to be at large could be confined again under a new certificate."

The death-rate of Sheffield has reached recently the low level of 12, and each weekly return has been moderate. The neighbouring town of Rotherham has gone down one week even to 10.6. The sanitary condition of the town may not be, and indeed is not, all that could be desired; but the present low death-rate comes as a good commentary on attempts made in some quarters to paint the town as more unhealthy than it truly is.

CORRESPONDENCE.

OVARIOTOMY PERFORMED FOR THE THIRD TIME IN THE SAME PATIENT.

SIR,—Dr. George Buchanan's remarkable case¹ deserves consideration, as it is liable to be quoted in systematic works. Dr. Buchanan does not state whether the unilocular cyst removed in 1877 grew on the right or on the left side. In 1882 he removed "a large multilocular ovarian tumour from the left side." In 1891 he removed another multilocular cyst, "probably ovarian," but he does not say on which side it grew. In the "remarks" the author says: "I presume that the first cyst was parovarian, and that the pedicle being long and slender the ligature was applied to it distal to the substance of the ovary." Surely such a simple question might have been settled when the first operation (in 1877) was performed, and recorded at the time. A mere presumption is insufficient. "The second cyst," he continues, "was decidedly the ovary; either the one not formerly involved or the other from which the unilocular cyst had proceeded." Now, the second cyst grew, according to the report, "from the left side." Hence he is clearly uncertain as to the side whence grew the tumour which he removed at the first operation. The character of the pedicle—relations of the tube and broad ligament and uterus—is not noted in any case.

As far as the reader can judge from so incomplete a record, it is most probable that the tumour removed at the third operation arose in some minute secondary cysts left in the stump of the pedicle after the second "ovariotomy." P. Müller and Pozzi have noted that cystic tumours may even develop in a piece of normal ovary left behind after amputation of the appendages for the relief of fibroid disease of the uterus.

Cannot Dr. Buchanan enlighten us on these points, without which his communication is likely to lead his readers to erroneous conclusions? He operated three times, and he saved his patient after all, and this is to his credit. But none of the "gynaecological operators in special hospitals or wards"—of whom he writes rather slightly—would have allowed such grave omissions in a similar report.—I am, etc.,
Granville Place, W. ALBAN DORAN.

DEATH BY CHLOROFORM.

SIR.—Hardly a week passes but such is the heading of a paragraph in our daily papers. However, the many deaths reported recently and the tragic death of the anaesthetist in one case, called special attention to the daily-increasing mortality from chloroform, and cannot but impress those of us who are daily brought in contact with, know the value of anaesthesia, and how useless our art would be without it: that the time has come when some control, and in my opinion complete prohibition, if necessary, be put upon the use of this uncertain and dangerous vehicle.

For my part I cannot understand why men will persist in its use when they have such a safe and efficient substitute in ether. During fifteen years' experience as house surgeon, anaesthetist, and operating surgeon, I have had considerable trial of all anaesthetics, and the only one of these that has caused trouble and alarm was chloroform, and this in the hand of a skilled administrator. I now use ether absolutely in my operative work, given in Ormsby's inhaler, and during the past ten years have noted that patients varying in age from four to eighty-two years

have taken it with good results, and with none of the alleged objections to it, which I am sure whenever they are present, are due to maladministration. Were it not taking up too much of your valuable space I could cite many instances, especially in primary amputations after severe accidents, where I am certain to have given chloroform would have meant peaceful euthanasia, but where the stimulating properties of ether have relieved shock and collapse; and give statistics to show that we should not use any other anaesthetic, or a mixture in which it is the predominant constituent. I leave this, however, to you and to abler hands, who will I trust take this matter up and legislate upon it at once; for I feel convinced if it is not done it will in a very short time pass out of our hands into those of that powerful and uncompromising organ, the public press, which is supported by the palpably interested public, whose confidence in our noble profession will receive a rude shock when confronted with the fact that, in the face of daily evidence of the fatality of chloroform and safety of ether, the use of the former is persisted in by those who should from practical knowledge have condemned it.—I am, etc.,

Carlow.

ROBERT O'CALLAGHAN, F.R.C.S.

MINERS' NYSTAGMUS.

SIR,—I have received the BRITISH MEDICAL JOURNAL of July 11th, 1891. I have read with pleasure Simeon Snell's paper on Miners' Nystagmus, and especially his very interesting note, Nystagmus in a Compositor. The last case is a very important one. I will publish it in the *Journal d'Oculistique du Nord de la France*, where I must publish my paper on Miners' Nystagmus read at the Paris Congress. I completely agree with the views Simeon Snell has expressed as to the upward, more or less oblique, manner a hewer of coal throws his eyes when at work, and believe with Snell that the miners' nystagmus is similar to writers' cramp—that is to say, that miners' nystagmus is a myopathic disease.

Having observed many cases of nystagmus amongst miners working with naked lights, I cannot accept the theory of safety lamps as a prime cause. I have read with pleasure in Snell's paper that Neiden has also found nystagmus in pits where the ordinary lamps were used, and he has stated as the first prime cause of this affection the peculiar kind of work which the hewers had to do in holing the coal in a stretched position of the body, head, and eyes.

Thus Neiden in Germany, Snell in England, and I in France, who are known to be much acquainted with miners' nystagmus—we have all three the same statements on this interesting disease.

I think it would be useful to ascertain the geography of miners' nystagmus. If we are not mistaken, the disease will be found rare and light (embryonic or latent) in the pits where the seams are high; on the contrary, it will be found frequent and grievous in the pits where the seams are low. I think it will be so whatever be the mode of illumination. Nevertheless, I believe that the safety lamps, with the same conditions, increase the number and the gravity of the nystagmus. The geographical information I have gathered in France is corroborative of our statements.—I am, etc.,

Dr. DRANSART.

Institut Ophtalmique, Somain, Nord, France.

SIR,—Mr. McCarthy's interesting note on page 159 of the BRITISH MEDICAL JOURNAL prompts me to contribute my little quota to this subject. Some years ago I assisted in a night school for lads engaged in the pits near Mold, in Flintshire; and I was struck by the persistence with which these lads, though anxious to learn to read, mistook certain letters for others. The class was conducted by books, etc., on the table, not by a black board.

Perhaps someone interested and living amongst pits will try to find out (1) whether the same letters are always mistaken; (2) whether daylight gives a different result from that in a night school; (3) whether an erect attitude alters the case.

I fear, however (or hope?), that the School Boards have almost improved away the class which I tried to teach—lads aged 14 to 18 who did not know their letters.—I am, etc.,
Tottenham. A. OGIER WARD.