

the first person who employed an anæsthetic in operative surgery in this city; and justly so.

At that time I was resident pupil at the hospital in North Brunswick Street, the duties of the appointment being similar to those of a house-surgeon. We were selected by the surgeons, and had no diplomas. I am aware that on the evening preceding the first operation under ether Dr. MacDonnell inhaled it himself, and was thoroughly satisfied about its anæsthetic properties and safety; hence he was the first submitted to its influence in Ireland. Next day he gave it to the patient, and then amputated his leg whilst I held the limb. After this man emerged from his pleasant sleep, he asked, "When was the operation to be begun;" and, being informed it was completed, would not believe the good news until he sat up upon the operating table, and saw his bandaged stump. I can still recall his expression of wonder and thankfulness and his surprised and gratified look.

When the use of chloroform was discovered by Sir James Simpson, he forwarded a pamphlet containing a brief account of its effects to some leading surgeons; one of these reached the late Sir Philip Crampton by the morning post delivery. He handed it across the breakfast table, saying it appeared interesting, to my respected teacher and subsequent colleague in both the Park Street and Carmichael Medical Schools, John Hamilton, F.R.C.S.I., who was one of the surgeons to the Richmond Hospital. Mr. Hamilton brought it about 11 A.M. to my residence, Great Brunswick Street, where I had started the battle of life in medical practice, and as lecturer to my former fellow students in Park Street School, requesting me to obtain an adequate supply of this new drug.

I secured premises at the Apothecaries' Hall, Mary Street, and at Messrs. Barley and Evans, Sackville Street, to undertake its manufacture without delay; that evening I had two bottles of chloroform in my possession, and inhaled some of it. Next morning I administered it in the operating theatre of the Richmond Hospital, using a fine pocket handkerchief folded into a cone. Mr. Hamilton then removed the patient's forearm. This was the first amputation performed in Ireland under the influence of chloroform. The man made a rapid recovery, and the ease with which chloroform could be given and its perfect and rapid action led to its adoption as the favourite anæsthetic in the hospital, where I was allowed to exhibit it for some years until Dr. Fleming thought it desirable to undertake the work himself. I am glad to say that during all my large experience with both ether and chloroform I never met a solitary untoward result; this I attribute in great measure to attending to my own business and minding nothing else whenever I administered an anæsthetic.

This brief record of the early administration of both ether and chloroform in Irish surgery by one who was to some extent concerned in the great revolution which sprang from their discovery may interest some of your readers.—I am, etc.,

Dublin, Oct. 19th. WILLIAM FRASER, F.R.C.S.I., M.R.I.A.

THE MEAN LENGTH OF LIFE.

SIR,—I quite agree with you that the conditions assumed by Dr. Bristowe are non-existent; but Dr. Bristowe was a mathematician, and he knew that in order to obtain a simple formula to express approximately the results of a number of complicated phenomena, he must make certain assumptions in order to simplify the procedure. He did so, and thereby deduced in a most ingenious though simple manner the formula which you have given (barring the misprint of "2" for "r").

It is quite true that this formula takes no account of "the disturbing effects of migration and the varying age constitution of different populations," but neither does the law of gravity take any account of friction, which may be so great as to annihilate the effects of gravity altogether.

Dr. Bristowe considered that his formula gave in an approximate way, that is, so far as was possible with the assumption he made, the "mean duration of life." As, however, this term is generally understood to apply to the life table method, I have for some years adopted the term "mean length of life" to express the results obtained by Dr. Bristowe's formula, results which I believe to be exceedingly valuable, but for the purposes of my address at Newcastle, I might just as well have used any other term, say x , and the

argument would not have been affected. I wanted to show that a death-rate of 10 per 1,000 per annum was possible in a mixed community, and I believe that I did so. It is a curious fact that for the first time during twenty-five years I have recorded (for the five weeks ending October 3rd) a death-rate under 10, namely, 9.3 per 1,000 per annum, for the population of St. George Hanover Square, consisting of about 80,000 persons in the centre of a population of 6 millions.

Dr. Bristowe with his formula seems to me to be somewhat in the position of Mr. Hopkins, the Cambridge geologist and mathematician, who used to say that he could not get geologists to understand his mathematics, nor mathematicians to take any interest in his geology.—I am, etc.,

Savile Row, W., Oct. 14th.

W. H. CORFIELD.

TRANSFUSION IN CASES OF SHOCK.

SIR,—In the BRITISH MEDICAL JOURNAL for October 10th, on page 1037, is an account by Dr. Braithwaite of an interesting case in which, after hysterectomy, a patient who was suffering from profound shock was saved by the transfusion of 5 pints of normal saline solution.

In March, 1893, I read a paper before the London Clinical Society on The Treatment of Shock by Transfusion, giving examples of the efficiency of the method I advocated. This paper excited some notice at the time, and was followed not only by an interesting discussion, but by subsequent correspondence in the journals. This paper must have escaped Dr. Braithwaite's notice, though I am astonished to find that the practice of the principle thus advocated, which we have followed in the Leeds Infirmary since on several occasions, should have escaped his attention. This must be so, otherwise he would not have attributed the idea to Dr. Horrocks, who quite recently gave a communication on the subject before the Obstetrical Society, which communication I have not seen, but which, Dr. Braithwaite tells me, contains no reference to my prior work on the subject.

A reference to the Clinical Society's *Transactions* for 1893, or to the JOURNAL for March, 1893, by those interested in the subject will show that the claim I advance is fully substantiated.—I am, etc.,

Leeds, Oct. 19th.

A. W. MAYO ROBSON.

OVER-RIDING OF THE TOES.

SIR,—The case recorded in the BRITISH MEDICAL JOURNAL of October 3rd by Mr. Brindley James illustrates a practical point on which I have for many years been insisting in your columns¹ and elsewhere—that the most effective remedy in distortion of the toes is to bring them into use; to renew, under the most favourable conditions, their proper and, as I hope, very important functions. When foot physiology comes to be generally recognised by surgeons as a subject worthy of attention, such a case will not be regarded as remarkable.—I am, etc.,

Gloucester, Oct. 5th.

T. S. ELLIS.

FRENCH VIEWS ON MEDICAL PROTECTION.

SIR,—The recent proposal of the French Chambers in respect to foreign practitioners commented upon in your article of September 26th is certainly, as you have stated, illiberal and shortsighted, and quite in keeping with the prevailing sentiment of "*La France pour les Français*;" but it is not one which those acquainted with French universities or those who are in touch with French medical men were at all unprepared for. Had it been possible to propose a discriminating law, it would probably have been formulated as follows: The Russian Jew who often practises amongst the French would be totally excluded, even, perhaps, as a student. Oriental nationalities would receive a degree without the right to practise in France; most Americans and some English would be required to pass the "*baccalauréats*." Some English and Americans would be allowed to practise amongst residents of their own nationality in certain health resorts after passing a purely formal examination. It seems reasonable to expect that some such exception to the proposed law in favour of the last-named medical men might still be obtained by diplomatic representation; indeed, I

¹ BRITISH MEDICAL JOURNAL, 1887, ii, p. 1157, Deformities of the Great Toe; 1895, ii, p. 1079, Overlapping of the Toes.

have cause to believe that if those directly concerned in the question were to take the initiative, our Consul here (Sir James Harris) would do everything in his power to see that English interests on the Riviera were not neglected.

That "an adequate standard of proficiency on the part of those who aspire to practise on French territory has been rigorously enforced for some years past," and that "it has always been the custom to require from foreign candidates for the degree of Doctor of Medicine proofs of their having passed an examination in general knowledge equivalent to that of French students, are both statements which could easily be proved to be very far from true. Rather could it be shown that the French medical man who spends eight years at a *lycée*, and who, in order to raise the level of the profession, demanded the suppression of the *officiat de santé*, is perfectly justified in agitating for fresh legislation.—I am, etc.,

Nice, Oct. 11th.

A. W. GILCHRIST, M.A.

THE GRANTING OF QUESTIONABLE "DIPLOMAS."

SIR,—In the *Lancet* of October 3rd, 1894, p. 954, reference is made to an inquest at which it transpired that Dr. A. Bell had met in consultation with "Mr. Holmes, Licentiate in Midwifery of the Rotunda Hospital, Dublin," and who was not a registered practitioner. In the same journal, in the issue of March 21st, 1894, p. 790, is the record of another inquest, at which it transpired that Dr. G. de G. Griffiths, of the Zenana Medical College, London, had been asked to go to attend a child, but that instead of going he had sent a midwife who was the matron to this college.

I beg to use these two cases to point to our efforts, lately made, to put a stop to the supplying of persons with diplomas or documents, such donors not being authorised by the Medical Acts to do so. In November, 1895, I memorialised the General Medical Council, and called attention to the action of practitioners connected with the Rotunda and Coombe Hospitals, Dublin. I pointed out that these practitioners were granting documents to persons who were not, and who might not ever become, medical practitioners.

The diploma granted by the Rotunda Hospital practitioners is in Latin (and therefore all the more likely to be used with fraudulent intent), and is as follows:

Nos Præfectus et Assessores Domestici Nosocomii Dubliniensis in curam Parturientium constituti Hisee literis testamur Ingenuum Probumque Juvencem.....non solum prælectionibus nostris obstetriciis summo opere animum advertisse quamdiu nobiscum moratus est, sed insuper ipsius Puerperis felices manus per sex menses adtulisse. Quibus permoti, prædicitum pro habili et Obstetricæ perito comprobamus. In Cujus Rei Testimonium Chirographa Singulorum et Nosocomii Sigillum Apposuimus.

The following is a translation:

We, the Master and Resident Assistants of the Dublin Lying-in Hospital, by these letters, hereby certify that A. B. is of good character and ability, that he has regularly attended lectures on midwifery, and has personally attended.....cases of labour for a period of six months. We therefore are able to certify to his practical skill and knowledge as an obstetrician, and in testimony thereof affix our hand and seal.

The diploma or instrument granted by practitioners connected with the Coombe Lying-in Hospital is also in Latin, and printed on parchment, and so resembles closely the documents granted by the medical examining bodies under the Medical Acts. Its translation is as follows:

We hereby certify that A. B. for a period of six months regularly attended a course of lectures and practical instruction in obstetrics at this hospital. We further certify that he submitted himself to examination in this subject, and also on the treatment of diseases of women and children, and gave evidence of satisfactory knowledge.

Now, Sir, can we not induce the practitioners who grant the above to cease doing so? Cannot the Dublin Branch of the British Medical Association take this matter up? I would suggest that it is worth while for practitioners to subscribe to a fund to be used to buy up the rights, if any, of these practitioners—if they do not care for the true dignity of our profession, and cease granting these misleading documents. The sixteen medical examining bodies are—God knows—more than sufficient to grant all the necessary diplomas, without calling in the aid of societies and hospitals. I would appeal publicly to my fellow practitioners not to soil the good name of our profession—not to set a down-grade example to others—such as the General Council of Safe Medicine, Limited, but to cast this trafficking in diplomas from them. Example such as theirs has been followed by the above referred to Zenana Medical College, which grants a diploma or instrument, in which it is stated:

We certify that we have examined in the following subjects: Medicine, disorders of tropical climates, minor and practical surgery, including diseases of the eye, midwifery, and diseases of women and children, and we find that she possesses such a knowledge of them as will qualify her to render professional aid in ordinary cases of disease.

I have called the attention of the General Medical Council to these and to other diplomas, and the Council has made an important rule upon the subject. If the Medical Defence Unions would only take this broadcast issuing of diplomas by unauthorised practitioners up, they would do more to check quackery than would many prosecutions of prescribing by chemists, etc. There is as much, if not more, quackery inside our profession than there is outside it, and the quackery which exists outside of it has been largely manufactured by us practitioners. I know of one case where a practitioner "covers" a midwife whom he sends to all his cheap confinement cases, never going near such patients. I am told of two retired policemen who have been lectured and given ambulance diplomas, on which are printed the words that the holder "is qualified to render first aid to the injured," no matter evidently whether or no the services of a practitioner are at hand, and who have lately become medical herbalists. I am told of practitioners who employ young men to do their dispensing with the view of obtaining the three years' certificate for the chemist's certificate, but who are employed as assistants, and who do not qualify for chemists, but who swell the ranks of the unqualified.

Do we not know also of the degradingly low standard of the entrance examination of those about to become medical students, so that in the down-grade competition one medical school may have more students than another? The evils that these practitioners do lives after them. All these discouraging facts are well known to us. Will practitioners go on encouraging them by a policy of indifference or *laissez-faire*; or will each one shake himself free of this accursed apathy—the desire to please some seniors, and a fear of injuring his prospective hope of obtaining some appointment—and so help to render our calling something better and something purer than it now is? Depend upon this, the public are now closely scanning our actions; we are not occupying the position in the esteem of the public which we should; and when the time comes to ask for legislation against quackery in all its many forms, we shall be called upon first to prove up to the hilt that we have first put our own house in order, and that we are not playing the Pharisaic part of the mote and the beam.

Will the medical staffs of the Rotunda and Coombe Hospitals—although they grant these diplomas under charters some 140 years old—agree to adopt the recommendation of the General Medical Council to the effect that they be granted to qualified medical practitioners only? (see *Minutes* of the General Medical Council, Vol. 33, pp. 227 and 82). And will the staffs agree to supply the medical profession with a return showing (1) the number of diplomas granted; (2) the number refused; (3) the sums paid for such; (4) and the number granted to persons who were not duly qualified practitioners. If not, why?—I am, etc.,

Liverpool, October 16th.

R. R. RENTOUL.

AUSCULTATORY PERCUSSION.

SIR,—As Dr. Bezly Thorne's letter in the *BRITISH MEDICAL JOURNAL* of October 17th consists merely of a partial denial of my statements and a reassertion of his own, I need do no more than point out that I have verified mine by *post-mortem* examination and that he has not verified his.—I am, etc.,

Upper Wimpole Street, Oct. 16th.

W. P. HERRINGHAM.

DISINFECTATION BY SULPHUROUS ACID.

SIR,—In reply to Dr. Cheatham's letter, which appeared in the *BRITISH MEDICAL JOURNAL* of October 3rd, I may remind him that all experiments conclusively show that the disinfecting power of SO₂ (like those of Cl₂) are very markedly increased when precautions are taken to charge the atmosphere with such an amount of moisture that all the sulphurous anhydride gas (SO₂) becomes sulphurous and sulphuric acids (H₂SO₃ and H₂SO₄), and the exposed surfaces of the room become moistened by deposition.

I have no doubt whatever that Dr. Cheatham's suggestion is an improvement on the simple liberation of SO₂ into a