

ultimately embraced amongst the respectable and justifiable institutions. In this manner injury is undoubtedly done to a section of the profession; the bread is taken out of the mouths of the younger practitioners, and the humbler orders of the public are pauperised and demoralised. The same thing happens in every department and walk of life. The law of the "survival of the fittest" (the strongest rather) now comes into operation and the poorer practitioners have simply to compete with the hospitals. If the physicians and surgeons of "Guy's" give advice and medicine for threepence, the humble practitioner, in order to get bread, must underbid the professional patrician of Guy's Hospital, and hence the club system and the "threepenny dispensary" are the outcome. On which of the two competitors should the vials of professional wrath be poured out?—I am, Sirs, yours faithfully,

D. CAMPBELL BLACK, M.D.,

Professor of Physiology in Anderson's College
Medical School.

Glasgow, July 30th, 1893.

P.S.—Will you allow me to say that I will be glad to send a paper in which this subject is more fully discussed to any medical man on request?—D. C. B.

CANCER OF THE UTERUS.

To the Editors of THE LANCET.

SIRS,—I see that Mr. Bowreman Jessett, in his address on cancer of the uterus, published in THE LANCET of July 29th, refers to my cases of supra-vaginal amputation of the cervix as having been operated on with the cautery, or galvanocautery. This is not so. In each case the cervix—i.e., the whole cervix up to the level of the internal os uteri—was first cleared in an anatomically complete state by dissection with the scissors. The lateral attachments were secured either by ligatures or pressure forceps up to the same level, and divided. The cervix was then cut off from the body of the uterus—in some cases with scissors, in others—and, I think, preferably—with Paquelin's cautery. The cautery was then freely applied to the "bed" from which the cervix had been dissected. This is a very different operation from that which Dr. Byrne performs with the galvanocautery, as his own diagrams show that the cautery knife cuts upwards in the tissues of the cervix, a shell of cervical tissue thus being left. He does not remove the whole cervix.

Dr. Byrne's figures, quoted by Mr. Jessett, making the mortality of vaginal hysterectomy for cancer amongst British operators 20 per cent., are also misleading, as they include the results of operators who have only done one or two hysterectomies. Taking only the results of those British operators mentioned in Dr. Byrne's table who have done a fair number of cases, the mortality is much lower, indeed about 15 per cent., whilst fifty-three cases by two operators give a mortality of only 11 per cent. My own results in vaginal hysterectomy for cancer give the same mortality, as I have had nine cases with one death—that is to say, a mortality of 11 per cent. On the other hand, I have had twenty-two cases of the supra-vaginal amputation without any death. The latter operation appears especially suitable for early cases of cancer of the vaginal portion; for more advanced cases that have not yet passed beyond the reach of radical treatment, and for cancer of the supra-vaginal cervix, probably vaginal hysterectomy affords a better prospect of non-recurrence.—I am, Sirs, yours truly,

Aug. 1st, 1893.

ARTHUR H. N. LEWERS.

"DEATHS UNDER ANÆSTHETICS."

To the Editors of THE LANCET.

SIRS,—The perusal of the report in the last issue of THE LANCET of a death from chloroform administered for the removal of enlarged tonsils and post-nasal adenoid growths induces me to urge upon my confrères the adoption of the practice of performing this operation under nitrous oxide. It is now several years since I first demonstrated the possibility of the removal of tonsils or adenoid growths, or of both, during the period of anæsthesia afforded by the inhalation of this gas, the anæsthetic being administered by my friend Mr. Sibley Read of Finsbury-square at the Central London Throat and Ear Hospital. The proceeding met at first with considerable opposition; but my colleagues were not slow in coming round to my way of thinking, so that it has become a matter of routine for many cases every week to

be operated on under laughing gas. The method of operating on adenoid growths which permits of the greatest rapidity, as far as my experience goes, consists in at once scraping up the growths from the back of the pharynx and Rosenmüller's fossæ with a purified finger-nail till they are heaped up in the vault, and then removing them by means of Schech's handy little post-nasal forceps. When scraping with the nail the operator "takes his bearings" for the subsequent application of the forceps, which he can then use with confident rapidity. There are several details which will readily suggest themselves; but I will only now venture to urge the advisability of acquiring sufficient dexterity to perform the operation during one, or if need be two, administrations of the gas. I am convinced that in time the public will protest against exposure to the risks, direct or indirect, however remote, attending the administration of chloroform, for an operation for which the safe and pleasant nitrous oxide is sufficient. I am, Sirs, your obedient servant,

Upper Wimpole-street, W., Aug. 1st, 1893. DUNDAS GRANT.

"THE INDIAN LEPER CENSUS."

To the Editors of THE LANCET.

SIRS,—Your correspondent, Dr. Beaven Rake, has reverted in THE LANCET to the leper census in India in connexion with my name and I hope you will allow me space for a short reply. It is imputed to me that I have endeavoured to explain away the fact of the decrease shown in the last leper census as compared with that of the preceding decade. This explanation, allow me to repeat, is to the effect that the two censuses were made under fundamentally different conditions, the last (for 1891) being expressly designed to exclude a considerable portion of the unfortunate population that was included in the census of 1881. Dr. Rake does not and cannot (if he has seen the instructions on the printed forms, copies of which lie before me) deny the correctness of my statement. He prefers, however, not to deal with it; and allow me to say that this and other points have not been dealt with either in THE LANCET or elsewhere by any of the writers on the subject. Dr. Rake calls attention to what he describes as a very obvious fallacy, which he says I seem to have overlooked, arising from the circumstance that no returns were made in 1881 in Upper Burmah, Rajputana, Travancore and the Central Provinces. If he will kindly refer to my book on the "Recrudescence of Leprosy," p. 259, he will see that I point out that in the census of 1881 no returns are made in seven places. This fact is, I admit, against my conclusions, but it must be taken in connexion with what may not inappropriately be described as the wholesale omission of an entire class—those afflicted with white leprosy—who were not excluded by the instructions in the census forms used in 1881. The last two censuses in India (1881 and 1891) are not, therefore, comparable for scientific purposes until the circumstances and conditions under which they were made are taken into account and which appear to have escaped the notice of the Leprosy Commission.

I am, Sirs, yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, London, July 26th, 1893.

"PROPOSED SCOTCH MEDICAL SCHOOLS AND GRADUATES' ASSOCIATION."

To the Editors of THE LANCET.

SIRS,—With reference to Mr. Blackham's letter on the above subject, which appeared in the last issue of THE LANCET, perhaps that gentleman is unaware of the fact that there is already in existence a London Edinburgh University Society, which answers all the purposes of his proposed association. As only graduates are eligible for membership, it is probable that it is not so comprehensive as Mr. Blackham and his fellow-licentiates would desire, but in the opinion of some of us it is none the worse for being that.

I am, Sirs, yours truly,

Aug. 1st, 1893.

M. B. EDIN.

AIX-LES-BAINS.

To the Editors of THE LANCET.

SIRS,—Owing to a report having been widely spread that Aix-les-Bains is in an unhealthy condition and that typhoid fever is prevalent in the town, we, in common with the other