

the pernicious custom of filling all the chief offices connected with our hospitals and medical schools with men whose sole distinction is that they have passed difficult examinations, and who subsequently devote most of their time to teaching others to do likewise. For work of this sort no intellect is required. The whole art of passing examinations is simply a parrot-like trick of the memory, and what is thus acquired is not real knowledge, but merely a fraudulent imitation thereof. The pungent lines of Voltaire rise up in my mind :—

"Eh quoi ! vous ne ferez nulle distinction
Entre l'hypocrisie et la dévotion.
Vous les voulez traiter d'une semblable langage
Et rendre même hommage au masque qu'au visage ?"

If the credit of the English schools is not altogether to pass away from them, the present iniquitous system of making hospital appointments must be abandoned, and men of a higher grade of intellectual capacity must be substituted.

I am, Sirs, yours truly,

Preston, Nov. 4th, 1894.

W. ROGER WILLIAMS.

"THE ETIOLOGY OF TYPHOID FEVER."

To the Editors of THE LANCET.

SIRS,—This question is one of great importance to health officers and others interested in the causation of disease; but much more important to them is the study of the way or ways by which the disease is communicated from one person to another. In taking part in this discussion I do so solely from the epidemiological point of view, as I am not competent to discuss it from the bacteriological standpoint.

For ten years before I came to practise here in Rome I acted as deputy for Mr. Jacob, medical officer of health of the Surrey Combined Districts. During that time I had very many opportunities of investigating outbreaks of typhoid fever and the other infectious diseases in isolated cases as well as in epidemic forms in towns and country districts. I quite agree with Dr. Kenwood that in a large number of cases of typhoid fever one has to investigate we cannot trace the direct source of infection; but we find this also in diphtheria, small-pox, scarlet fever, and other infectious diseases. If, therefore, we agree with Dr. Kenwood that after the most careful investigation of all the known means of communicating typhoid fever from one individual to another, we cannot trace it immediately or mediately to a previously existing case, it must arise *de novo*. Why should we not believe, reasoning in the same way, that diphtheria, scarlet fever, measles, and all the other infectious diseases arise *de novo*? I do not know whether Dr. Kenwood admits this, but to be logical he ought to do so. I certainly do not admit it. On the contrary, I believe that typhoid fever is produced only by the admission of the typhoid germs into the organism, and consider that whenever we are unable to trace the medium through which these microbes obtained their admission it is much more reasonable to believe that we either have not succeeded in thoroughly investigating every source of infection from a previous case, or, more probably, that we have not yet complete knowledge of the various media by which the disease is communicated from one person to another, than to accept the *de novo* origin of the disease.

The human mind, as a rule, is only too apt to rush to conclusions on insufficient data, and I am afraid that our investigations of disease causation are not exceptions to this rule. At any rate, much stronger evidence must be brought forward than there has been up to the present before I shall believe in the *de novo* origin of typhoid fever or any disease of its kind. To my mind, it is as difficult to accept this theory as it is to believe in abiogenesis.

I am, Sirs, yours faithfully,

JOHN J. EYRE, M.R.C.P. Irel., D.P.H. Cantab.

Piazza di Spagna, Rome, Nov. 7th, 1894.

DEATHS UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—There appears of late to have been an increase rather than a decrease in the number of deaths under chloroform, cases being from time to time reported in THE LANCET and comments made thereon. The question, however, as to whether it is ever necessary, and, if not, whether it is justifiable, to give chloroform does not appear to have had due consideration. I maintain that it is never necessary to use pure chloroform as an anæsthetic, and that when used

it should be mixed with ether. The most satisfactory combination, so far as my experience goes, is a mixture of equal parts of chloroform and ether. The advantages of this mixture are the following. 1. The ether acts as a stimulant, counteracting the depressing effects of the chloroform on the heart. (That chloroform has a depressing effect on the heart is a clinical fact, whatever the results of the Hyderabad experiments may attempt to prove.) 2. During the commencement of the administration and during the struggling stage the patient is chiefly breathing ether, and so the initial dangerous period of chloroform administration is tided over. 3. During struggling, for the above reason, the anæsthetic can be pushed with much more safety than can chloroform alone. 4. For the same reason there is less shock in those too frequent cases where the surgeon commences to operate before the patient is ready.

The only disadvantages are—(1) that about two or three times as much anæsthetic is used; and (2) sometimes rather profuse salivation is excited. These are, however, trivial points compared with the greater safety of the mixture over chloroform. I am well aware that the mixtures of chloroform and ether in various proportions have been used for some considerable time. The point I wish to urge is that there is never any occasion to use chloroform except in the form of a mixture with ether, and, therefore, that the use of chloroform by itself should be altogether abolished.

I am, Sirs, yours truly,

C. F. MARSHALL, M.D., F.R.C.S.,

Late Anæsthetist to the Hospital for Sick Children,
Nov. 13th, 1894. Great Ormond-street, W.C.

"THE TEACHING OF CHILDREN'S DISEASES AT GENERAL HOSPITALS."

To the Editors of THE LANCET.

SIRS,—Dr. McCaw's friendly criticism of my letter calls for but slight answer from me. Whilst we are thoroughly agreed as to the necessity for further teaching and study of children's diseases on the part of the student, we are at variance as to the method to be employed for gaining these ends. Dr. McCaw considers that my suggestion of appointing a special physician for children's diseases on the staff of each general hospital, if adopted, would add to the labours of the already over-burdened student. I cannot, however, see how his plan of professorial lectures with enforced attendance at a children's hospital is in any way an improvement on mine in the way of lightening these burdens. The two methods, in fact, are essentially the same, with the single exception that in my method the student has the tuition he has a right to expect afforded within the walls of his own hospital. With Dr. McCaw's alternative one the student is compelled to travel, perhaps some distance, to obtain it. I do not believe, moreover, that the student would find the proposed children's department an incubus. On the contrary, I believe such a department would come to be the most popular one in the hospital, and one in which the student might profitably increase his knowledge of adult diseases by studying them in the child. There are no grounds for any accusation against me for attempting to magnify the importance of a narrow speciality, for "speciality" is a curious term for a subject that will form more than half the practice of most qualified men. The time will come, too, when examining boards will realise this fact; and when children's diseases meet with due recognition on their part the teaching authorities at general hospitals will have to move in the matter. With improved conditions in this respect one may expect some utility in holding inquests on infants, in that some other verdict than the stereotyped one, "Death from convulsions," may occasionally be returned, and that there will cease to be any justification for such a sentence as "practitioners only too often find more employment for their grim lancets than for their common sense."

I am, Sirs, yours faithfully,

Upper Berkeley-street, Nov. 12th, 1894.

J. A. COUTTS.

"CREAMERIES AND INFECTIOUS DISEASES."

To the Editors of THE LANCET.

SIRS,—I have read with great interest Dr. Welby's former and latter articles on "Creameries and Infectious Diseases."

¹ THE LANCET, April 21st and Nov. 10th, 1894.