seventh session of the Army Medical School, will be granted leave of absence from Feb. 1st to 18th, 1894, inclusive. They will report themselves to the general officer commanding and to the principal medical officer, Aldershot, before noon on Feb. 19th, for the purpose of undergoing instruction at the dépôt of the Medical Staff Corps.

Surgeon-Major Henry James Paine, an old officer of the Welsh Regiment (3rd Battalion), recently died at his residence, Elmsfield, Cardiff. He was in his seventy-eighth year, and joined the old Glamorgan Light Infantry as Surgeon in 1852, becoming Surgeon-Major, Militia Medical Department, in 1873, and retiring in 1883.

Correspondence.

"Audi alteram partem."

"THE ETHICAL POSITION OF THE MEDICAL PROFESSION."

To the Editors of THE LANCET.

SIRS,—I have read with much interest Dr. Legge's letter on the above subject in THE LANCET of Jan. 13th last, and quite agree with his remark that the only practical way of limiting the continual influx into an already overstocked profession is to make it compulsory on all applying to be registered as medical students to possess a B.A. degree from one of the universities of the United Kingdom, of which there are now twelve; but may I be allowed to observe that a great deal is to be done within the profession to improve matters. Let the General Medical Council consider it "infamous conduct" for a practitioner to take a fee less than the lowest mentioned in the medical tariff—viz., 2s. 6d.—and to attend a midwifery case for less than a guinea. Many practitioners can be found who, by trying to maintain the dignity of the profession, can hardly pay their rent, whilst their neighbours are, by charging low and unprofessional fees, obtaining large and extensive practices, employing, perhaps, one or two assistants. Competition and emulation there must be, for all men are not alike, some attracting more popularity than others, but let these vices, as they are now, become virtues and let the competition be honourable and on the same terms. Let each practitioner who conducts the sixpenny, shilling, and eighteen-penny practices adopt the recognised tariff of fees, dispense with the services of his assistant, do his own work himself, and only as much as he can do comfortably, and I venture to say that there would be room for all. It would pay him far better in the long run. He would elevate himself and his profession in the eyes of the public, he would lead a much less harassing life, probably adding to it another ten years, be on better terms with his professional brethren, and give his less fortunate neighbours a chance to live as well as himself. Can we be surprised at the public confusing us with shopkeepers when patients are permitted day after day to ask the practitioner without a word of remonstrance, on being handed his medicine, "How much is it?" the answer generally being, "A shilling" or "Eighteenpence," as the case may be. How can they help considering us as "medicine vendors" instead of physicians when we ourselves encourage it. I am now alluding to working people, whose education does not enable them to know better. It is obviously hard for the practitioner who, in his determination to uphold the dignity and honour of his profession, has to appear to "sit upon" his patient by saying, "I give you the medicine; my consultation fee is 2s. 6d.," when he knows all the while that his neighbours are undercutting him as mentioned above. It may be argued, What is to become of respectable poor people when ill, who are too honest and thrifty to make themselves paupers, and too poor to continue long to pay the minimum fee? These people must obviously be attended by some one. The answer appears to me to be very simple. Most patients are able to pay the fee for a certain time, but if the attendance becomes unduly prolonged, and they are unable when in work subsequently to pay what is owing, rather than lower the dignity of the profession let us either see our patients twice for one fee or attend them gratuitously. An occasional

act of charity in a deserving case would surely not do us any harm, and the cost of a little medicine to us would seldom exceed the price of a newspaper. Until the above plan is adopted we must expect to be confused with shopkeepers. Eradicate from the public mind the idea that they are paying for medicines instead of for skill and things will be different. The remedy appears to be in our own hands.

I am, Sirs, yours truly,
East Moulsey, Jan. 19th, 1894. W. W. HARDWICKE, M.D.

To the Editors of THE LANCET.

SIRS,—I read with interest the letter of Dr. George A. Legge in THE LANCET of Jan. 13th. He is distinctly in error as to the entrance to the legal profession, as you point out in your footnote; although I agree with him that it would be to the advantage of the profession and to the public if it were necessary for us to possess a degree in arts of a university before starting our career as students of medicine. My object in writing to you is to point out that lessons are to be learned and deductions made from a comparison of the status, control, and protection of the medical and legal professions. On asking recently a brother, who is a solicitor, whether, if circumstances required, I should be allowed to argue a friend's case for him, say, in a police-court, and without payment, the answer was prompt and emphatic, "Certainly not, because, don't you see, you would be infringing the rights of a solicitor." Now, Sirs, if this is so (and I have no reason to doubt but that it is correct), surely here is an argument that we are entitled to similar protection. Beyond that, possibly, legal men's incomes might be diminished, and that some more friction would be added to the legislative machinery, I fail to see how the public as a whole would suffer if laymen did argue their friends' cases in courts of law.

Assuming that laws are made for the good of the million—not for the individual or for the individual profession—and that it has been found necessary for the public weal that legal men should be protected in their rights, *a fortiori* should not those men who are learned in medicine and licensed (indirectly) by the State to practise the same be protected in the rights of their profession? Let us have our preliminary degree in arts, let us have a thorough curriculum and thorough examinations: but, having entered the profession, let us have that protection to which our education and our responsibility to the public entitles us; let us have a Medical Act in which the powers are evident, and a Medical Council thoroughly representative (in the *fin de siècle* sense of the word), which will make use of its powers. All with whom I have discussed the matter are agreed that now *par excellence* is the time to make efforts for a reform of our Medical Act: now, because the public have been startled by the information given by the press of the doings of "The Unqualified Doctor," "The Prescribing Chemist," "The Unqualified Doctor Again," &c.

I will not presume to suggest the terms of the draft for a new Medical Act: whether it should be so directed as to do away with unqualified assistancy, prescribing by chemists, and dispensing by medical men (although I feel that our status would be raised considerably if it could be so); but I will venture to suggest a "plan of campaign" for transforming our Bill, when drafted, into law—viz., that a deputation, or several deputations, call on the member of Parliament in each constituency and ask for his support. You know, Sirs, that the political fight nowadays is a keen struggle, and that votes are not wantonly thrown away, and you know also that medical men are recognised as those who have some influence in a constituency. Need I say more in support of my plan? Fortunately this is a matter which need not arouse the proverbial jealousy of our profession—it is a matter of "each for himself and the State for us all." I apologise for the length of this letter, but hope that you will kindly spare some space in THE LANCET for its publication.

I am, Sirs, yours faithfully,
Devonshire-road, S.W., Jan. 22nd, 1894. HERBERT TANNER.

OBSTETRIC AND GYNÆCOLOGICAL NURSING.

To the Editors of THE LANCET.

SIRS,—In reference to the review in THE LANCET of Jan. 20th of my edition of "A Handbook of Obstetric and Gynæcological Nursing," whilst of course disclaiming the

smallest right or desire to complain of any fair criticism, however adverse, I have, as I am confident you will readily admit, some right to repudiate any representation that may be unfair and injurious (even though not so intended) with regard to the opinions I hold or the methods of practice I advocate; therefore, I would venture to request the insertion of the present letter in *THE LANCET*. Your reviewer, speaking of my observations on the management of natural labour, says: "More prominence should, we think, have been given to the paramount importance of antiseptics, and detailed directions given as to how they may be efficiently employed in attending an ordinary case of labour." In further allusion to my alleged neglect of proper antiseptic directions, the reviewer adds: "It is of little avail for the medical man to employ elaborate antiseptic measures when a nurse whose hands are anything but aseptic has already examined the patient."

The plain inference from this is that no sufficient stress has been laid by me on the vital importance of strict asepsis and the use of antiseptics; for your reviewer makes no allusion whatever to the numerous passages throughout the book in which those measures are enforced and in which directions for their employment are distinctly stated, and so leaves the readers of *THE LANCET* under the impression that they were ignored by me. In disproof thereof I shall now merely submit a couple of brief extracts which I might very easily multiply to show that the editor of "A Handbook of Obstetric and Gynaecological Nursing" did not fail to impress on those for whom the work was designed the paramount necessity of perfect cleanliness and the intelligent and judicious use of antiseptic measures in all the duties of their calling. Speaking of the causation of puerperal septicæmia, I said: "In such instances, as in all other obstetric cases, the infection may thus readily be introduced by the hands of the midwifery attendant if so negligent or so ignorant as to neglect the duty of obviating that risk as far as possible by scrupulous personal cleanliness and hand-washing by use of nail-brush, hot water, and carbolic soap before each and every vaginal examination or contact with the lying-in patient" (p. 139). In the list of things which the nurse is directed to have in readiness and within reach in the lying-in room an antiseptic solution will be found included (p. 67). And, again, as I observed: "Nor can too much stress be laid on the absolute necessity of attention to the sanitary surroundings of the lying-in-room, as well as the most scrupulous personal cleanliness of the patient and those about her. The nurse's primary duty in every puerperal case is the removal of all septic matter or possible sources of infection, not only from the external parts and vaginal orifice by frequent sponging or washing out with some antiseptic solution, but also by the thorough cleansing out of the uterus and vagina when necessary by hot water or antiseptic douching with the irrigator, subject to the approval of the doctor if there be one in attendance" (p. 141). The method of preparing and employing such antiseptics—viz., peroxide of hydrogen, boric and carbolic acids, and corrosive sublimate solution, &c., are fully detailed in the following and other pages, besides being again discussed at greater length in two chapters specially occupied with a detailed account of "the principal antiseptics or disinfectants which, either in gynaecological or in obstetric nursing," may be employed. I therefore trust that, whatever other defects may be found in the book referred to, the writer has sufficiently vindicated himself from any failure to point out "the paramount importance of antiseptics and detailed directions as to how they may be employed," either "in ordinary cases of labour" or under other circumstances.

I am, Sirs, yours faithfully,

THOS. MORE MADDEN.

Merrion-square, Dublin, Jan. 20th, 1894.

APPARENT DEATH.

To the Editors of *THE LANCET*.

SIRS,—A sensational story appeared in a leaderette in the *Daily News* of Jan. 20th. It is there stated that a man who had been apparently dead for several days recovered consciousness after he had been placed in a coffin. As I am responsible for the postponement of the funeral in question I think it right to put on record in the columns of *THE LANCET* the very small substratum of fact on which the story is based. It will prevent the quotation of this case

in all discussions on the morbidly fascinating theme of premature burial.

On Jan. 19th I was stopped in the street and asked to examine a body which it was intended to bury in half an hour. The statement of the friends was that the man had been found dead in bed lying on his side early in the morning of Jan. 16th, and that on the morning of the 19th, while placing the body in the coffin, it was found to be limp and that the back was somewhat warm. It was also stated that more than twenty-four hours after death blood had exuded from some scratches on the forehead. Under these circumstances the friends were doubtful whether the man was really dead. I found the body, that of a spare man whom I had known well during life, lying in a coffin. The surface was uniformly cold as far as I could reach; it was perfectly white except for a patch of hypostatic congestion on the side, which I was told was present when the body was found on the 16th, and there was also some lividity of the tips of the fingers. The muscles of the jaw and fingers were contracted, and those of the elbow flaccid. The eyelids were half open, the pupils contracted and the eyeballs inelastic on pressure. No respiratory or cardiac movements could either be felt or heard. There was no foam about the lips, no cadaveric odour, or any other evidence of decomposition. On applying the diaphanous test to the hands merely by the aid of a lighted wax match a bright scarlet colour was visible. At this time, as nearly as could be judged, eighty hours had elapsed since death. Feeling no doubt in my own mind that life was extinct, and being in the presence of the female members of the family, I did not think it necessary to open a vein or attempt to vesicate the skin by the application of heat. As might be expected, the family were in a state of great agitation, and I therefore advised that the funeral should be deferred until there were evident signs of decomposition. Interment under such circumstances would certainly have been followed by rumours that the man had been buried alive and probably have led to exhumation and a subsequent inquest. On the next day there could be no possible doubt, and the body has been buried. No post-mortem examination was considered to be necessary, and I understand that the symptoms during life were compatible with death either from angina pectoris or with the rupture of a thoracic aneurysm. This was suspected, but its existence was not made clear by the physical signs. On the latter hypothesis the emptying of the bloodvessels would to some extent explain the late development of the external signs of decomposition.

Medically, there is nothing extraordinary about the case. The remarkable fact is the rapid growth of the myth, which within sixteen hours of my examination in a small house in a country town 130 miles from London was being circulated all over the world in the columns of a great newspaper, and in spite of the fact that I had explained to the only reporter, who came over specially from Birmingham, that there was nothing mysterious in the case, the man being undoubtedly dead.

I am, Sirs, yours faithfully,

PHILIP B. MASON,

Senior Surgeon to the Burton-on-Trent Infirmary.

Burton-on-Trent, Jan. 20th, 1894.

THE THERAPEUTIC ACTION OF FREE IODINE.

To the Editors of *THE LANCET*.

SIRS,—In an "Analytical Record" in *THE LANCET* of Jan. 6th last, when expressing approval of a wine containing iodine, you say: "Iodine has been sparingly employed hitherto on account of its irritant and other disagreeable properties." If that be so, and the profession labours under the erroneous impression that iodine is productive of disagreeable or irritating results when taken in a free state, the sooner that groundless impression is removed the better. It can only have its basis in inexperience. Free iodine as contained in the tinctures used in France, Austria, Belgium, the United States, Denmark, Norway, Sweden, Holland, Germany, Hungary, Russia, Portugal, Switzerland, and Spain, all of which are free from iodide of potassium, has, when properly diluted, no irritating or disagreeable effect, and from three to five grains can be taken, in doses of from one-half to a whole grain, daily without the slightest discomfort, by the most delicate stomach. It is the iodide of potassium that does the mischief, and why that salt was ever introduced into the "tinctura iodi" of the British Pharmacopœia no one can divine, unless it be the sage counsellors