have arisen in his mind. Considering the facts of the case in an impartial manner, one is drawn to the conclusion that the onus of the delay in recognising the prevalence of cholera lies with the Government and not with the municipality. That such a delay in transmitting the monthly returns is not unique is proved by the fact that, at a meeting of the municipal commissioners on Oct. 23rd, the president apologised for his inability to present the returns for September, as they had not yet been received from the Registrar-General. On inquiry I find that they were received on Oct. 29th. Given reliable returns, the occurrence of a number of deaths in, say, one house would at once arouse suspicion. The house would be visited by the municipal health officer without delay, and the reason for the high death-rate might at once be discovered. It did happen that in these April returns, which arrived a month late, eleven deaths were found to have taken place within one house. So far as the system holds at present, these deaths were almost certainly recorded as deaths from "fever," of which the number was excessive in these April returns, whereas in all probability they were due to cholera.

In Penang there has been in vogue for the past five years such a weekly return as I now call for, and the plan works admirably. Why it should not obtain in Singapore, which is immediately under the eye of the Registrar-General, is beyond my comprehension. The fact is that the present system is an exceedingly imperfect one. Even although these weekly and monthly returns are published, one cannot rely upon their authenticity so far as the causes of death are concerned. This has been already shown by Dr. Dumbleton, a former medical officer of health for Singapore, in a paper which you have lately quoted so freely in your columns. The Government itself recognises this and has already published in the *Government Gazette* the draft of a "Bill to amend the Law with respect to the Registration of Births and Deaths," a copy of which I enclose. I trust that this Bill will come before the Legislative Council at an early date and that no further delay will be incurred in making it active.

With regard to your statement that you have received a communication from Dr. W. R. C. Middleton, Medical Officer of Health for Singapore, to the same effect as Dr. Simon's letter, I am exceedingly disappointed in that you did not think fit to publish it. As the writer of the "Notes from Singapore" allow me to subscribe myself—

Your obedient servant,

Singapore, Nov. 26th, 1895.

A CORRESPONDENT.

"WORD-BLINDNESS AND VISUAL MEMORY."

To the Editors of THE LANCET.

SIRS,—With regard to Sir William Broadbent's note¹ on my communication on "Word-blindness and Visual Memory," with your permission I should like to make a few brief observations. I have delayed replying until I was able to read over the cases referred to by him. Whilst at once admitting that previously to Kussmaul's article in Ziemssen's *Cyclopædia* attention had been directed to the condition subsequently termed "word-blindness," I still assert that "Kussmaul first clearly pointed out that blindness for words is capable of being met with clinically as an isolated condition." Kussmaul's words are: "A complete text-blindness may exist, although the power of sight, the intellect, and the power of speech are intact." In the cases referred to by Sir William Broadbent, and reported by him in the *Transactions of the Royal Medical and Chirurgical Society* before the publication of Kussmaul's article, the patients were unable to read printed and written characters, but in all of them there were other speech disturbances present—e.g., verbal aphasia or amnesia in a greater or less degree. In the case reported in THE LANCET of Dec. 21st, 1895, I have taken especial pains to point out that there were no speech difficulties whatever, the mental defect being strictly limited to an inability to recognise all the printed and written characters, which were previously known to the patient, with the exception of Arabic numerals, and hence my reference to Kussmaul as being the first to point out the possibility of such a condition being met with clinically.

I am quite in agreement with Sir William Broadbent when he states that the term "word-blindness" is somewhat misleading. In my communication I have stated that the terms

"word-blindness," "cécité verbale," and "Wortblindheit" are not sufficiently precise without further definition, as there are different forms which must be carefully distinguished from one another. When a patient cannot read it is altogether inaccurate and misleading to label it as a case of "word-blindness" without more detailed examination. Our increased knowledge of this condition now demands a more accurate description of the exact nature, character, and extent of any defect to interpret written or printed symbols. Sir William Broadbent asserts that "word-blindness" in his experience "has always been associated with inability to name an object presented to the vision, and that, if a man cannot name a watch, *a fortiori* he cannot name a word." Now it seems to me that he misapprehends the essential character of my case and of similar cases belonging to this class. In my patient the difficulty was not in naming the word, but in recognising the individual letters of which each word was composed. When a word was spelt out to the patient letter by letter he named it without a moment's hesitation, and when he learned to recognise the individual letters, again by persistent practice, he could read. Such cases, in my opinion, would be more correctly described by the term "letter-blindness." On the other hand, cases are on record where the patient, whilst recognising the individual letters, could not combine these into syllables and words, and even these cases may be divided into different categories. Hence it is evident that in every case where there is inability to read the symptom should be carefully analysed and the exact character and extent of the defect recorded. When we possess a larger number of accurately recorded cases it may be possible to arrive at a clearer classification and a more precise nomenclature, and I hope that in the future such cases will be subjected to a more comprehensive, rigorous, and exact examination than they have hitherto for the most part met with.

I am, Sirs, yours very truly,

JAMES HINSHELWOOD.

Elmbank-street, Glasgow, Jan. 11th, 1896.

THE HADDEN FUND.

To the Editors of THE LANCET.

SIRS,—Will you kindly insert in your next issue the enclosed list of subscribers to the above fund up to this date? These gentlemen have responded promptly to the appeal contained in THE LANCET of Jan. 4th, and I would ask all who intend to give their substantial support to Dr. Hadden in a matter which concerns the entire profession to do so without delay.—I am, Sirs, yours faithfully,

JAMES CRAIG,

York-street, Dublin, Jan. 13th, 1896.

Hon. Sec. and Treasurer.

	£	s.	d.		£	s.	d.
Dr. J. W. Moore, Dublin...	1	1	0	Sir C. Nixon, Dublin ...	1	1	0
Sir Thornley Stoker, President R.C.S.I. ...	1	1	0	Mr. Wm. Thomson, Dublin ...	1	1	0
Dr. E. H. Bennett, Dublin	1	1	0	Mr. Arthur Berson, Dublin ...	1	1	0
Mr. H. R. Swanzy, Dublin	1	1	0	Dr. McCutcheon, Dublin	1	1	0
Mr. Kendal Franks, Dublin ...	1	1	0	Dr. Jos. Redmond, Dublin	1	1	0
Dr. Walter Smith, Dublin	1	1	0	Dr. Bewley, Dublin ...	1	1	0
Dr. Wallace Beatty, Dublin	1	1	0	Dr. Wright, Dalkey ...	1	1	0
Dr. Duffey, Dublin ...	1	1	0	Dr. Huggard, Davos-Platz	1	1	0
Mr. O'Carroll, Dublin ...	1	1	0	Dr. David Hadden, Wexford ...	1	1	0
Dr. Parsons, Dublin ...	0	10	6	Sir C. Cameron, Dublin...	1	1	0
Mr. F. T. Heuston, Dublin	1	1	0	Sir P. C. Smyly, Dublin...	1	1	0
Mr. J. H. Scott, Dublin ...	1	1	0	Dr. J. M. Finny, Dublin...	1	1	0
Dr. C. E. Fitzgerald, Dublin ...	1	1	0	Dr. Pollock, Blackrock ...	1	1	0
Dr. H. C. Tweedy, Dublin	1	1	0	Dr. S. R. Mason, Dublin...	1	1	0
Sir Wm. Stokes, Dublin	1	1	0	Dr. P. W. Maxwell, Dublin ...	1	1	0
Mr. Bernard, Derry ...	1	1	0	Dr. W. Moore, Physician in Ordinary to the Queen ...	1	1	0
Dr. Drury, Dublin ...	1	1	0	Mr. J. B. Story, Dublin...	1	1	0
Dr. Harley, Dublin ...	1	1	0	Mr. E. S. O'Grady, Dublin	1	1	0
Dr. Craig, Dublin ...	1	1	0	Dr. J. J. Cranny, Dublin	1	1	0
Dr. Little, Dublin ...	1	1	0	Dr. John Murphy, Dublin	1	1	0
Dr. Grimshaw, President R.C.P.I. ...	1	1	0				
Dr. F. W. Kidd, Dublin...	1	1	0				

MEDICAL CERTIFICATES AND THE LONDON SCHOOL BOARD.

To the Editors of THE LANCET.

SIRS,—There is a widespread feeling abroad that the strained relations between the medical profession and the School Board in London on the subject of medical certificates are likely to be injurious to the public interests as well as to those of medical men. In conjunction with Dr. Ward Cousins and others I am trying to organise a meeting of those

¹ THE LANCET, Jan. 4th, 1896.

on whom the burden of giving medical certificates to School Board children falls, with a view to a deputation to the School Board on the subject. We shall be glad to receive the names of medical practitioners in the metropolitan area, whether in general or hospital or dispensary practice, who sympathise with us in our desire to make certification effective and to secure due respect to the medical profession. An immediate intimation will oblige.

I am, Sirs, your obedient servant,

JAMES GREY GLOVER, M.D. Edin.

25, Highbury-place, N., Jan. 15th, 1895.

WOMEN AND THE PROFESSION IN INDIA.

To the Editors of THE LANCET.

SIRS,—With reference to a remark made regarding Zenana work in India at an extraordinary Comitia of the Royal College of Physicians of London,¹ held on Oct. 24th last, that "there was no difficulty in the way of medical men entering the most jealously guarded harems when there was need for their services," it is to be observed that such a remark strictly applies only to Bengalees—i.e., Hindoos of Bengal—in Calcutta and Lower Bengal. These same people when in Upper India strictly seclude their women in harems. I submit that in the North Western Provinces, Oudh, the Punjab, and Rajpootana women of the upper and middle classes of all the various nationalities, Mahommedan women especially, are kept in such strict seclusion in the harems or Zenanas that medical men cannot have access to them. A medical man when requested to treat a native woman is expected to judge of all symptoms by feeling the pulse. A screen is made by holding up a cotton sheet across the room; on one side of the screen are the patient and her female friends, on the other the medical man and her male friends. The patient's hand is then passed under the screen and the pulse is felt; if the tongue is to be examined a slit is made in the screen and the patient thrusts her tongue through it for inspection; if the eyes are to be examined the patient places one eye by turns at the slit; if palpation of organs is requisite the medical man passes his hand under the screen. Stethoscopic examination is made only after the patient has been scrupulously covered so that no part of her person is exposed excepting the part to be examined.

In the troubles of parturition a medical man is either not permitted to render manual aid, or, when permission is granted, it is often too late to save life. I have before me a case of arm presentation in the wife of a Hindoo of the shopkeeper caste; permission was delayed for days, and when examination was made the foetus was putrid and the mother in the last stage of exhaustion. Delivery was effected by evisceration of the uterine contents, and the mother succumbed to tetanus. Now, had there been a qualified midwife or lady medical practitioner at hand, the mother at least would have been saved. Another painful case was that of a Mahommedan woman in labour, a primipara, whom I was asked to treat. She had been some days in labour, and the head was said to be presenting. No manual examination could be permitted. I could do nothing except cautiously give a dose or two of ergot. No effect following its administration, I declined to do anything further unless allowed to examine the patient. From the state of the pulse I gathered that she was rapidly sinking. I brought this fact home to her friends and begged that an examination might be allowed, and I said that if the native midwife had correctly reported as to the presentation safe and rapid delivery could be effected. Her father-in-law and husband said that they would be disgraced if they permitted the examination. *The woman died undelivered* while I was still in the house. But, irrespectively of parturition, there are, we know, innumerable conditions where, to afford efficient treatment, it is imperative that the medical man should see and thoroughly examine his patient. Not to speak of surgical treatment, even medicinal treatment often requires examination not practicable under the Zenana system. The well-to-do classes will not allow it, and hence a vast amount of suffering within reach of relief goes unrelieved. The poorer women of those classes who attend at our dispensaries often come when it is too late; or, when they attend at a dispensary in which there is a native female hospital assistant they stipulate that they shall not be

subjected to examination by a male. If there is no difficulty in medical men entering harems the whole of Lady Dufferin's noble philanthropic scheme for affording medical aid to Indian women must be declared uncalled for; but the response made to the call for funds for the scheme by the wealthy natives and princes of India speaks unmistakably of the usefulness of the institution, and Lady Dufferin's name will never fade from the memory of India's daughters.

I am, Sirs, yours obediently,

G. D. McREDDIE, M.D. BRUX.,

Late Civil Surgeon in India (retired).

Stone-court, Greenhithe, Kent, Dec. 26th, 1895.

FRACTURES OF THE LOWER LIMB.

To the Editors of THE LANCET.

SIRS,—In a lecture on Fractures of the Lower Limb by Mr. Christopher Heath, published in THE LANCET of Jan. 4th, 1896, I find the following: "I would remind you how important it is, in fracture of the leg particularly, that the fracture should be set thoroughly and accurately. Of course, I know well there are many difficulties. Immediately after the accident all the muscles of the limb are more or less in a state of spasm, and tend, therefore, to pull the bones into abnormal positions, but that state of spasm passes off in the course of a few hours, and you can generally manage with care and patience to put the limb in a proper position, and unless this is done, and done accurately, the surgeon has not treated the case properly." And again: "I may say that this method of pegging and screwing has been recommended by an enterprising surgeon, not only for compound, but for simple fractures. But I cannot conceive how anyone can believe that it is justifiable to convert a simple fracture into a compound fracture, and of this I am quite certain, that the majority of surgeons for the present will remain content with the usual methods of treatment."

Now, Sirs, I agree most thoroughly with a portion of Mr. Heath's statement as far as I understand it—namely, that *if the ends of the fragments are not put in accurate apposition and the bone restored to its normal shape the surgeon has not treated the case properly*. But I maintain, as I have done over and over again, that in the large proportion of oblique fractures of long bones, especially of the lower extremity, it is impossible to do this by means other than operative. I would quote the following lines from a short paper on the subject of the treatment of fractures published by me:¹ "It is very possible that I may be accused of exaggerating the evil results of the treatment of fractures in the present day, and that many may not be inclined to agree with the mechanical principles upon which my statements are based. It is, however, quite open to anyone to prove the former by publishing an account of a series of fractures sustained at the same period of life which show better results, and the latter are capable of absolute demonstration." Surely, as I pointed out here, the question of the possibility of reconstituting the form of the bones by means of splints is, if true, capable of complete verification. As Mr. Heath asserts that he is able to do this, may I ask him to produce, at a meeting of the Clinical Society of London, a series of half-a-dozen cases of oblique fractures of the tibia and fibula, and a similar number of Pott's fractures, which he has treated in sequence, and give the Fellows of the Society an opportunity of forming an opinion on the success of his treatment and on the wisdom of the statement which he makes—namely: "But I cannot conceive how anyone can believe that it is justifiable to convert a simple fracture into a compound fracture," &c.? We are all anxious to learn the best modes of treating fractures, and Mr. Heath's very clear statements of his views on the subject give us an excellent opportunity of doing so.

I am, Sirs, yours faithfully,

W. ARBUTHNOT LANE.

St. Thomas's-street, S.E., Jan. 14th, 1896.

"A PLEA FOR THE PASTEUR TREATMENT OF HYDROPHOBIA."

To the Editors of THE LANCET.

SIRS,—Dr. H. Howard Murphy's argument in pleading for the Pasteur treatment of hydrophobia would be cogent if the

¹ THE LANCET, Nov. 2nd, 1895.

¹ Brit. Med. Jour., April 20th, 1895.