United Service Institution, drew special attention to the gallant conduct of Surgeon-Captain Whitchurch in bringing in Captain Baird when mortally wounded. We hope to learn shortly that this "gallant civilian," to adopt the Commander-in-Chief's pleasantry—has received the honourable distinction of the Victoria Cross.

Surgeon-General William Campbell Maclean, M.D., C.B., Madras Retired List, has been appointed Honorary Surgeon to the Queen in the room of Inspector-General of Hospitals J. H. Orr, M.D., C.B., deceased.

Correspondence.

"Audi alteram partem."

"IS METEOROLOGY A SCIENCE?"

To the Editors of THE LANCET.

SIRS,—Will Dr. Wilks please tell us what a "science" is? Some years ago there was a discussion whether medicine and surgery are sciences. I have for long been groping for a criterion, but in vain. It seems to be mainly a question of words, yet beneath the "counters" are conceptions of no small importance. Unless we recognise as a science a defined region of knowledge to which observation and inference are specially applied I see no foothold. But this would make meteorology as much a science as astronomy, and chemistry a more definite science even than astronomy. It would be easy to narrow the definition until it included only mathematics and psychology? It seems to me a mistake to mix up with the question that of "art." Every science has its application, and the extent of this has no relation to the features that determine the recognition of a "science." Surely, however, we may go too far. As we descend from the heights of "pure science," to which most of us look up with awe, we come to lower strata, with less distinction, to which, however, the adjective "scientific" is applicable, even with usefulness. And so we pass down to mere "knowledge." I write this in the hope of help from Dr. Wilks' clear thought.

I remain, Sirs, yours faithfully,

Queen Anne-street, Cavendish-square, W.

W. R. GOWERS.

FRACTURE OF THE LOWER END OF THE FEMUR.

To the Editors of THE LANCET.

SIRS—In your report of the last clinical meeting of the West London Medico-Chirurgical Society you give prominence to the speakers who advocated treating the T-fractures (especially of the humerus) by the immediate application of plaster of Paris splints; in your abstract of the discussion that followed my cases you mention that Mr. Bidwell also recommended "that T-shaped fractures of the lower end of the humerus should be treated by a well-fitting plaster of Paris splint, which ought to be kept on for a month, and if the fracture had been kept completely immobilised the movements of the elbow-joint quickly returned without much trouble"—*vide* THE LANCET, June 29th. This is so contrary, I think, to what is unfortunately most usually the result of this description of accident, and also to the teaching of classic literature on the subject, that I would be glad to obtain the opinion of some of your surgical readers with large experience in this matter. In Mr. Christopher Heath's useful Surgical Dictionary, at page 746, when referring to T-fractures of the elbow-joint, Mr. Howard Marsh writes: "They are apt, particularly those which directly involve the joint, to be followed by impairment of movement in the limb, a fact of which it is best that parents at the onset should be informed." And this appears to me a prudent and timely caution; but if Mr. Bidwell's experience is usual it is both unnecessary and inadvisable, for it might tend to give needless anxiety to parents or guardians, as well as, perhaps, to tend to less careful attention and watchfulness of the surgeon.

I am, Sirs, your obedient servant,

July 8th, 1895.

FREDERICK H. ALDERSON, M.D.

"THE POSITION OF THE MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND."

To the Editors of THE LANCET.

SIRS,—Your leading article on the question of the position of Members of the College of Surgeons in respect of their College is singularly opportune. There can, I think, be little question that the policy pursued by the great corporations with reference to the great mass of the profession has not been well advised, and it is doubtful whether it would even have been allowed in any profession but our own. When I say the policy, I mean the policy of denying to the mass of the profession, corporate existence, and I condemn this policy because the success of any body of citizens must depend upon the individuals composing that body; it must depend upon their efforts and not upon the action of the comparatively few who have arrived at coveted positions. The important question before the profession really is, What is the best method of quickening interest in affairs connected with the profession? At the present time the attitude assumed with regard to those who take an interest in professional politics is that they are the agitators, the riff-raff, the trades unionists of the profession. Now anyone who has in anyway studied the trades unions questions must arrive at the conclusion that the working men of this country, notwithstanding grave faults made in the working and management of those unions, have achieved a gigantic success, not only with reference to themselves, but also with reference to the community. One has only to compare labour conditions in Continental countries with those in our own to appreciate the fact that the working men of this country, by adhering to the principles of coöperation, friendly societies, and trades unions, have saved this country from a large amount of suffering and trouble. The best method, then, for advancing the interests of our profession must be one, I believe, which will induce each individual member to become alive to his professional responsibilities and to feel them. There is an association ready formed which has in it all the elements of success. I refer to the British Medical Association, which is representative and which is democratic in constitution. As yet this association has not become conscious of its latent power and force. In a few weeks it will be called upon to decide upon the following resolution, drawn up, after careful consideration, by a number of representative practitioners: "That it is to the interest of the public and of the medical profession that the Council of the British Medical Association should take power and authority to protect both the individual and the collective interests of the medical profession, and the Council be requested to take such steps as may be necessary to enable it to actively undertake these duties." I think that if members of the profession will come forward and help to carry this resolution they will be doing something much more practical than merely hammering at the old corporations. It appears to be much better policy to leave these close boroughs alone, and to convert the British Medical Association into a body powerful enough to cope with them. When the latter is done little fear need be felt as to the result. The association has the numbers besides possessing practically an unlimited field for raising funds. What would £1 per head alone mean for the campaign chest? The working men of this country subscribe very much more, in proportion to their means, to their own unions, and I do not believe for one instant that the members of our own profession would be unwilling to subscribe less in proportion to their earnings, supposing they felt that something substantial was being done for their interests.

I am, Sirs, your obedient servant,

Hatfield, July 7th, 1895.

LOVELL DRAGE.

"THE REMUNERATION OF MEDICAL OFFICERS TO PROVIDENT ASSOCIATIONS, CLUBS, ETC."

To the Editors of THE LANCET.

SIRS,—Mr. W. G. Dickinson, in THE LANCET of July 6th, declines to accept the figures I used in my letter of June 22nd. I will accept his. In his illustration a club contributes £200 a year, subscribed by 1000 members, for the maintenance of a medical officer who may expect to have to pay 9000 visits in a year. That is 5-3d. per visit. Ignoring the home consultations, the value of the certificates, and the fact that the officer has to