Infantry): George Arthur Tailer, Gent., to be Surgeon-Lieutenant.

PRACTICE IN THE OPEN FIELD IN SWITZERLAND.

On Sunday, the 28th ult., the Militärsanitätsverein of Zürich and the Samaritervereine of Aussersihl, Birmensdorf, and Wiedikon went through a series of evolutions on a considerable scale by way of practice in the event of war. Their field of operations was the rather difficult ground lying between the villages of Uitikon, Birmensdorf, and Urdorf, and the scorching sun that prevailed throughout the day put their service to a severe trial. By 7 A.M. 100 male and female members of all sections were on the ground, those of the Damensektionen (lady sections) being in great force. Under the command of First Lieutenant Dr. Kruker-Wegmann the *personnel* was distributed into three main bodies, each of which had its special head. The various subordinate posts were then filled up and the day's practice commenced. The principal Verbandsplatz (rendezvous for surgical treatment) was the Löwen estate, near Uitikon; another rendezvous of the kind was in a field a quarter of an hour's march distant, and the third Verbandsplatz was considered as the line of battle, in the vicinity of Urdorf, not far from the banks of the Reppisch. Those two latter Plätze were entrusted to the sanitary instructors, Dr. Erne and Dr. Jäger, and three surgeons, Dr. Eberle, Dr. Bryner, and Dr. Schmid, were on duty with the respective main bodies. Each of these latter took up its assigned position and went through the necessary preliminaries for the picking up, the transport, and the tendence of the wounded. Their stations were distinguished by flags, straw mats were in readiness, the "Lagerplätze" for the wounded were marked off in accordance with the severity of the wounds, all implements were *en évidence*, "Trägerketten" (chains of carriers) were formed, and then the first relays of wounded were brought in from the front. These were partly conveyed on litters, partly assisted on foot by attendants belonging to the Samaritervereine, according to the nature of their wounds, and were at once subjected to first treatment. This was performed on the Trappenverbandplatz, and shortly thereafter, by means of wagons, they were transported to the Hauptverbandplatz. So far everything went forward with precision and effect. At the Hauptverbandplatz the wagons as they came up were relieved of their wounded inmates and transferred to the Lagerstellen, where the required surgical and medical aid was performed with admirable punctuality and care.

ARMY MEDICAL SCHOOL AT NETLEY.

The seventieth or summer session of the Army Medical School, Netley, was brought to a termination on July 31st, when Brigade-Surgeon-Lieutenant-Colonel Notter announced the results of the examination, and Surgeon-General Sir Joseph Fayrer, K.C.S.I., presented the prizes to the successful surgeons on probation in the presence of a distinguished company. The following are the lists of those who were successful and who are recommended for commissions:—

BRITISH MEDICAL SERVICE.

Combined Marks.	Combined Marks.
*L. F. Smith 5251	J. V. Forrest 3943
R. J. Blackham 4807	H. W. Grattan 3879
S. H. Fairrie 4361	F. E. Gunter 3541
G. T. K. Maurice 4245	J. H. Campbell 3461
R. Fawcett 4117	J. Grech 3443

* Gained the 2nd Montefiore Prize and the de Chaumont prize in Hygiene.

INDIAN MEDICAL SERVICE.

Combined Marks.	Combined Marks.
*J. Stephenson 5921	R. F. Standage 4274
F. N. Windsor 5127	A. A. Gibbs 4066
†W. B. Turnbull 5068	F. L. Blenkinsop 3937
‡E. E. Waters 4847	A. Moore 3924
A. Leventon 4600	H. A. F. Knapton 3848
P. F. Chapman 4481	E. M. Illington 3829
A. Hooton 4467	T. E. Watson 3631
A. F. W. King 4421	C. G. Webster 3538

* Gained the Herbert Prize of £20, the Parkes' Memorial Medal, the Martin Memorial Medal, and the Prize in Pathology.

† Gained the 1st Montefiore Prize of 20 guineas and Bronze Medal.

‡ Gained the Maclean Prize for Clinical and Ward Work.

After distributing the prizes Sir Joseph Fayrer delivered an admirable address to the young officers, the text of which will be found on page 319 of our present issue. The proceedings were brought to a close by Surgeon-Major-General Giraud, Principal Medical Officer, Netley, who briefly thanked Sir Joseph Fayrer for his address. The company

was subsequently entertained at luncheon in the Army Medical Staff mess.

THE FRENCH EXPEDITION IN MADAGASCAR.

As regards the health of the French force in Madagascar it is, as we have said, only to be expected that there will be a good deal of inefficiency from sickness. The troops are mostly young men and the climate hot and malarious, added to which the difficulties of transport and commissariat are considerable. Official news from the seat of operations is scarce. The French War Office and Admiralty have not escaped much adverse criticism, and there seems to have been a good deal of delay in getting the troops out of the unhealthy lowlands; but General Duchesne is, by all accounts, a man of military ability and energy. The success of the expedition will mainly turn on the troops being able to reach Antananarivo before the rains, which set in in October, for the amount of sickness will be seriously increased among troops on the march during the rainy season. The French have not had much experience of late of field service of this nature, and there is necessarily much to be learned which can only be ascertained from the results of local knowledge and experience. The French medical service is believed to be well organised and equipped, but a great strain on all departments is only to be expected, and every effort will now have to be made to feed the troops and avoid their exposure as much as possible during the rains. As far as is known at present the sick-rate amounts to about one-tenth of the force; the death-rate is low.

DEATH IN THE SERVICES.

We regret to have to announce the death of Surgeon-Major R. Lewins, M.D. (Retired List), A.M.S., on the 22nd ult. He joined the Army as assistant-surgeon in 1842, became surgeon in 1854, surgeon-major in 1866, and was placed on the Retired List in 1868. He served with the 63rd Regiment in the Crimea, including the battles of Alma, Balaclava, Inkerman, and siege of Sebastopol (medal with four clasps and Turkish medal); and with the expedition to the North of China in 1860 in charge of the hospital ship *Mauritius*, and he was also present at the capture of the Taku forts (medal).

Correspondence.

"Audi alteram partem."

OVER-OPERATING IN GYNÆCOLOGY.

To the Editors of THE LANCET.

SIRS,—As many of those who, like myself, listened with pleasure to the address with which Sir William Priestley opened the section of Obstetric Medicine and Gynæcology must have longed to (but of course could not then) discuss the burning questions dealt with in the address, I trust you will kindly find room in the columns of THE LANCET for some remarks thereon. In the first place let me ask, Is there, as Sir W. Priestley avers, over-operating in gynæcology? Is it not rather the fact that the surgery of diseases of the female pelvic organs has participated in the immense advance which has been made in recent years in the surgical treatment of disease in all other parts of the human frame? I feel sure the surgeons and obstetric physicians of this country will repudiate the words of Verneuil (which Sir W. Priestley quotes), in which he describes those who remove the ovaries or resect a slice of the œsophagus or stomach as indulging in a "sanguinary debauch!"

Sir W. Priestley states that a demand for less operating comes from across the Atlantic, and it is right that this should be so, as in America lacerations of the cervix uteri (no matter how slight) have so frequently been sewn up and the uterine appendages removed for neuroses that discredit has been brought on these operations; but I altogether refuse to believe that in this country such indiscriminate and unnecessary operating is ever indulged in. Sir W. Priestley speaks "of the tendency in the present day of the obstetric physician to invade the domain of the surgeon in reference to what may be called external operations" (I presume he means operating on the uterus and its appendages per abdomen), and he goes on to say "the College of Physicians will look

askance at the claims for the Fellowship of those of its members whose chief work is avowedly surgical"—that is to say, that an obstetric physician may operate as much as he likes from below: remove fibroids, cure fistula, extirpate the uterus and ovaries per vaginam as hitherto, but once let his knife wander above the level of the mons veneris, even though he feels convinced he can save his patient more surely than by operating per vaginam, he puts himself outside the pale—the Fellowship of the College is not for such as he. This statement, Sirs, is such a serious one that in the interests of many present—and of all future—obstetric physicians, it surely calls for some definite ruling on the part of the authorities of the College. Of all the obstetric physicians and assistant obstetric physicians in London and the provinces there are, I believe, only five who do not perform abdominal section; of the five one was a very successful ovariologist until the claims of an extensive midwifery practice caused him to cease doing these operations; two are prevented by the rules of the hospital to which they have become attached from continuing to perform abdominal sections; and the remaining two have, I believe, never so operated.

Sir W. Priestley suggests that those obstetric physicians who perform abdominal section should take the Fellowship of the College of Surgeons; but as one who possesses this valuable diploma I would respectfully point out to the president and council of the Royal College of Physicians that if they refuse the Fellowship to obstetric physicians who operate on the female pelvic organs per abdomen, and give it, as has been done for many years, to those who operate per vaginam, a grave injustice will be inflicted on many gentlemen who, on becoming obstetric physicians, looked forward to being made Fellows of their College in due course, provided they had done nothing derogatory to the dignity of the profession. By all means, if it is thought desirable, let it be a law that *in future* obstetric physicians who perform abdominal section shall not be eligible to become Fellows of the Royal College of Physicians, but in common justice let such law not be retrospective. Sir W. Priestley asks: "Are our antiseptic methods a sufficient safeguard against the possible contamination of lying-in patients by one who undertakes extensive surgical work in addition to obstetric practice?" I answer emphatically "Yes; and a man who has operated on a pyosalpinx or a suppurating ovarian tumour can, in a quarter of an hour, make it perfectly safe for him to attend a lying-in woman." Let me ask Sir W. Priestley this question, "Which is more likely to keep himself aseptic, the obstetric physician who performs abdominal section, and who from the very fact of doing these operations is imbued with the profound importance of keeping himself and all his paraphernalia aseptic, or he who does not so operate, but who may at any moment have to attend a midwifery case soon after examining a patient suffering from a stinking vaginal discharge?" The solution of the difficulty as to the obstetric physician operating Sir W. Priestley finds in "appointing a gynaecological surgeon to every hospital, who shall work in conjunction with the obstetric physician." If by this he means that every disease of the female peculiar to her sex (caruncles, polypi, vaginal cysts, uterine cancer, &c.) may be diagnosed by the physician, but must be handed over to the surgeon for operation, then I say that no obstetric physician of repute will hold office under such conditions; but if he means that the obstetric physician may (as at the Samaritan Hospital) do whatsoever operation he likes per vaginam, but must pass on all cases requiring abdominal section to the surgeon, then I say that in my humble opinion it is a case of "straining at a gnat and swallowing a camel." For my part I agree with what Dr. Herbert Spencer of University College Hospital said in a paper which he read before the Medical Society, that it would be a wise and gracious act on the part of the surgeons in every hospital to hand over to their obstetric colleagues all the cases of disease of the female generative organs requiring abdominal section; this has, I believe, been done for some years at King's College Hospital without friction between Dr. Playfair and his surgical colleagues. In conclusion, let me repeat now what I said in the discussion on Dr. Spencer's paper: "As the art of obstetrics is in great part surgical, those who practise that art should be called obstetric surgeons, that the qualification for holding such a post at a hospital should be the F.R.C.S. and not the F.R.C.P., and that the existing anomaly was the fault not of the College of Physicians, but of the College of Surgeons, which in years gone by refused to shelter

under its wing the obstetrician." Apologising for the length of this letter, I am, Sirs, yours faithfully,
Harley-street, Aug. 3rd, 1895. WILLIAM DUNCAN.

"SPECIALISM IN MEDICINE."

To the Editors of THE LANCET.

SIRS,—The growth of knowledge has rendered "specialism" necessary. There was a time when the surgeon could compass all knowledge, not only of medicine and surgery, but also of hairdressing. Now only a Crichton could master the facts of the various divisions of medicine and surgery, including ophthalmology, gynaecology, dermatology, laryngology, otology, bacteriology, and the dozens of other "ologies" pertaining to medical science. I agree, however, with the leading article in THE LANCET of July 20th when it says that practical experience of general medicine is advisable and necessary before a special branch can be adequately dealt with. Unfortunately, it is becoming common for young men to study a subject with special industry before qualification with a view to the beginning of practice at once in that subject only. To start on a professional career in this manner is likely to result in practice of a one-sided and narrow character. These infant specialists have no doubt studied the various branches of medicine in which they are examined for their diplomas. But even this moderate knowledge of general medicine will be below that of the average newly qualified man on account of the undue attention given to their selected special subject. Starting practice, then, with even less than the average stock of general knowledge, and looking at everything with the coloured glasses of their speciality, how defective must be their apprehension and treatment of disease. On the other hand, he who has devoted some years of his life to general practice will see the inter-connexion of the general and special diseases, and of the latter with each other, without which knowledge no special branch can be satisfactorily practised. Nothing else can supply this training and insight, and the want of it gives a bias and narrowness that is the cause of most of the abuse of specialism in those that take it up from their medical birth. Otherwise it is liable to abuse as much, and no more, than the practise of general medicine. It would be well if no one started in special practice without having had ten years' experience in general work. I am, Sirs, yours truly,
July 31st, 1895. A SPECIALIST.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Action against a Surgeon.

AT the present Warwickshire Assizes an action was brought by Charles Stevenson against Dr. Eagar of Stourbridge to recover damages for alleged negligence. The plaintiff had an accident which resulted in a dislocated shoulder, which it was alleged had not been properly attended to. There was skilled professional evidence on both sides as usual. It was admitted that the plaintiff was subject to epileptic attacks, and the defence asserted that any subsequent injury found arose from this cause. The verdict was given for the defendant, Dr. Eagar, who may be congratulated upon having cleared himself from the imputations made upon his character and his skill.

Bank Holiday.

The exodus of a large number of inhabitants of the large towns at this season of the year is growing to an enormous degree. In this town the present time has broken record in the enormous number who have availed themselves of cheap excursions for short periods. And yet the advantages must be mixed with some alloy of risk to health. Packed in close railway carriages, deprived of natural rest by night travelling, and subject to all the inconveniences and dangers of inclement weather, it may well be remarked that these English people take their pleasure sadly. The consequences follow these disturbed conditions of ordinary life in disorders of nutrition and exposure to wet and cold. If the demand for excitement and change continues at the same rate of progress some alteration must be made in the usual railway arrangements, or some measures taken to make the holidays less universal. Appointing different seasons to various localities