finger came against a swelling in one labium. I then exposed and found two fully-developed testes, one in each labium majus, and each in a sac of its own. They were freely moveable and there was testicular sensation. The clitoris was an inch long. The genital hair did not extend on to the abdomen but was limited to the pubes. The mammae were small and poorly developed, although larger than in the male. The patient was tall and slight, with a coarse voice, and suffered now and again from hysteria and "ovarian tenderness," for which she had been blistered. There was sexual orgasm. It may be also mentioned that her brother has a hare-lip.

I am, Sirs, yours faithfully,

J. THOMSON SHIRLAW, M.B. Edin.

Upholland, near Wigan, June 13th, 1901.

"LOCAL v. GENERAL ANÆSTHESIA IN CERTAIN CASES OF ABDOMINAL SURGERY."

To the Editors of THE LANCET.

SIRS,—It would almost appear that the skilled anaesthetist can only look at anything involving the administration of anaesthetics from his own high level. In my letter on the above subject published in THE LANCET of June 8th I endeavoured, amongst other things, to point out that the administration of a general anaesthetic in a critical case, whilst, perhaps, fairly safe in the hands of a very competent anaesthetist, became a source of shock and danger in the hands of an unskilled administrator thereof. Will Dr. J. Blumfeld deny this? In operations of urgency in the country we can seldom obtain the services of a skilled anaesthetist, and Mr. T. H. Morse was, I consider, when speaking of his own extensive experience in such cases, justified in asserting that "shock varies in proportion to the skill of the administrator and is often dependent upon the duration of the operation and hence upon the amount of the anaesthetic which is inhaled."

I am, Sirs, yours faithfully,

Norwich, June 16th, 1901.

S. JOHNSON TAYLOR.

THE BALLYMAGRAN SCANDAL AND THE IRISH LOCAL GOVERNMENT BOARD.

To the Editors of THE LANCET.

SIRS,—For the information and satisfaction of my friends who are readers of THE LANCET permit me to acquaint them that the Local Government Board have at my request held their sworn inquiry into the circumstances of the sad death of Mrs. Jones, and their decision is "that he [the medical officer] was not guilty of any neglect of duty in connexion with this case."

I am, Sirs, yours faithfully,

R. D. PATTERSON.

Medical Officer, Caledon and Ballymagran Dispensary District.
Caledon, June 18th, 1901.

CORPORATION MEDICAL APPOINTMENTS IN SOUTH AFRICA.

To the Editors of THE LANCET.

SIRS,—At the desire of the Honourable the Colonial Secretary, Cape Town, I inclose copy of a letter dated 11, Selborne-road, Denmark-hill, S.E., 23rd April, 1901, addressed to a medical gentleman residing in Cardiff, and signed by "Fred. E. Willson," regarding vacancies for corporation medical officers in South Africa. I am to state that the Cape Government knows nothing whatever of Mr. Fred. E. Willson or of the appointments to which he refers, and I would feel obliged if you would be good enough to publish this letter and its inclosure in order to warn medical men against putting any faith in Mr. Willson's representations.

I am, Sirs, yours faithfully,

D. TENNANT, Agent-General.

100, Victoria-street, London, S.W.,
June 11th, 1901.

[COPY.]

11, Selborne-road, Denmark-hill, S.E., 23rd April, 1901.

DEAR SIR,—Your favour to hand April 20th. In reply to your query, the appointments are for corporation medical officers in S.A., the salary of £2 per day being guaranteed by the Cape Government. 20 men are wanted immediately. There is a grand opportunity for

fully-qualified men under 40, general practitioners of good average ability, sound common sense, and not less than £150 or £200 available for outfit, passage money, and initial expenses able to start at once. No need to purchase a practice. I shall be pleased to give you all information and advise at personal interview only if you possess the above qualifications. By appointment of time to suit your convenience April 25th, 26th, and 27th, May 1st and 2nd.

Yours, &c.,

(Sgd.) FRED. E. WILLSON.

"DENTISTRY AND THE SERVICES."

To the Editors of THE LANCET.

SIRS,—I am glad to see that the scheme for the appointment of army dental surgeons which was recently published in THE LANCET as the result of my experiences in the Imperial Yeomanry Hospital at Deelfontein, South Africa, has so far borne fruit that four dental surgeons have been appointed and have sailed for the Cape. On their arrival the question will arise as to how their services can best be employed. Four dental surgeons are of no appreciable use to meet the requirements of the army, and as they are not to be supplied with workroom appliances they will not be able to deal with the worst cases that have to be invalided home for lack of artificial teeth. I think the best way would be to send all four of them to any one of the military hospitals, where the record of their work would indicate the necessity of sending 40 more to follow them as quickly as possible. The soldiers' teeth have been neglected, and on an average there is a day's work for a dental surgeon in the mouth of every one of them. This statement is confirmed by statistics derived from other sources. The appointment of four dental surgeons to each of the general hospitals would go far towards meeting the urgent needs of the army in South Africa, and the authorities could obtain a good deal of help from the practitioners in large towns to deal with cases which would otherwise have to be invalided home for artificial teeth. In Cape Town and Kimberley I found dental friends and practitioners who, I am sure, would do their best to meet the authorities in supplying dentures for special cases. I need scarcely refer to the proposal of Mr. Morton Smale, who thinks that the Royal Army Medical Corps should undertake the treatment of the soldier's teeth. A large number of additional army surgeons would be necessary, and it is not clear that they would prove better dentists or less expensive than ordinary dental surgeons.

I am, Sirs, yours faithfully,

June 17th, 1901.

F. NEWLAND-PEDLEY.

THE ROYAL INSTITUTE OF PUBLIC HEALTH.

To the Editors of THE LANCET.

SIRS,—It is arranged to hold a dinner on Wednesday, July 24th, in the Whitehall Rooms of the Hôtel Métropole at 7 P.M., at which the Harben Medal will be presented to Professor Koch in recognition of his great scientific services. A large number of influential guests have already accepted invitations to be present, including Lord Lister, Lord Strathcona, Professor Brouardel, &c. The council will be glad to welcome anyone desirous of being present. Tickets for the dinner are one guinea (inclusive of wine) to be obtained from myself, an early application for which is desired.—I am, Sirs, yours faithfully,

W. A. BOND, M.D. Cantab.,

Honorary Secretary.

19, Bloomsbury-square, W.C., June 18th, 1901.

LIME-WATER FOR OUR STREETS.

To the Editors of THE LANCET.

SIRS,—During the last few years I have on several occasions advised the employment of freshly-made lime-water for watering our streets with in hot weather. The reasons which in the first instance led me to make the suggestion were the following: (1) the observation that animal excreta set mortar into a hard substance like egg-shell; (2) that lime tends to petrify and preserve wood under favourable conditions, as is seen in old half-timbered houses; (3) that it binds together bits of dry dung and so prevents them flying about in the wind; (4) that its slight solubility enables it to act gradually and for a lengthened period, as all perfect antiseptics should act; and (5) that it renders the surface of wood less greasy and slippery.

During a recent visit to Vienna I have had the good

fortune to see lime employed in the simplest possible manner for the disinfection of sewage at a new institution for the open-air treatment of phthisis. This institution, which is situated in an ideal spot in the hills of the Wiener Wald, is in every way excellent and up-to-date, and no pains seem to have been spared with regard to sanitary arrangements. Though I have always been a believer in the value of lime as a disinfectant I must confess to a little surprise when I discovered how simply and effectively it could be applied to the treatment of sewage. A day's sewage is collected in one of three tanks and with it is mixed "fresh milk of lime" in the proportion of 1 to 2 per cent. The whole is then allowed to settle for 48 hours. The clear fluid is drained off and the sediment is used for manure and is said to be of great value. I was assured that the purifying action of the lime was so complete that the treated fluid when allowed to escape from the tank was purer than the water of neighbouring mountain streams. I need not remind surgeons that fresh lime, if strong and in quantity, is a powerful caustic, but in weak solution it forms a soothing antiseptic dressing for the most sensitive conditions of the skin, such as scalds, burns or weeping eczema. Our streets have not been very offensive during the recent spell of hot weather because they have been constantly dry. If now in their cracked condition they become wet every crevice will be converted into an offensive little cess-pool, unless the streets are watered with a suitable antiseptic. After what I have stated I do not think it is too much to ask that the proper authorities should give lime a fair—by that I mean a scientifically conducted—trial.

I am, Sirs, yours faithfully,

ALFRED EDDOWES, M.D. Edin.

Wimpole street, W., June 17th, 1901.

ACTIONS FOR NEGLIGENCE.

(FROM A LEGAL CORRESPONDENT.)

ALTHOUGH actions for negligence against members of the medical profession are of comparatively rare occurrence, their importance is such that a short outline of the law upon the subject may be found useful. No statute throws any light upon the question. The Medical Acts make no reference to the liability of members of the profession for mal-practice, and the attitude of courts of justice can only be discovered from a consideration of the cases which have arisen from time to time.

The question, "What is negligent conduct on the part of a physician or surgeon?" is one of fact rather than law, just as the duty of the medical man towards his patient should be defined rather by reference to rules of etiquette and the working of his own conscience than by a strict legal formulary. It is the lot of the practitioner to be at the beck and call of his patients at all hours of the 24; it is his lot to have to continue in attendance upon a case when the chance of remuneration is small and where that remuneration, even if paid to the full, must constitute but a poor return for the fatigue of long journeys and the anxiety of many weary hours. In such circumstances it is satisfactory to know that slight carelessness or neglect will not necessarily be visited with a fixed punishment, but that all the facts will be considered before liability is attached to the unfortunate practitioner.

An attempt is sometimes made to draw a hard-and-fast distinction between qualified and unqualified practitioners when liability for negligence is under discussion. As a matter of fact no clear distinction can be drawn, the question being entirely one of degree. Nevertheless, the ignorance of a man who undertakes to perform a difficult operation is a matter which may have an important bearing upon his liability for negligence, and in so far as the quack is more ignorant than the registered medical practitioner he may be said to be under a greater degree of liability. A review of the cases in which damages have been recovered for negligent surgical or medical treatment generally discloses the fact that the heaviest penalties have been awarded against defendants who were unqualified. In *Ruddock v. Lowe* (4 F. & F. 519) the defendant, who kept an anatomical museum in the Strand, was unqualified, but he kept a qualified assistant as the ostensible practitioner and professed himself a master in the art of healing certain

disorders "which he never undertook unless he could guarantee a perfect cure." The plaintiff who was suffering from such a disorder desired the advice of the defendant, who saw him frequently, treated him ignorantly and improperly, and administered an improper medicine, by which he was rendered worse instead of better. The jury found a verdict for the plaintiff, damages £200.

The question whether the practitioner has been guilty of negligence is one of common sense and of fact for a jury to decide upon. Chief Justice Tindal thus summed up to the jury in the case of *Lamphier v. Phipos* (8 C. & P. 475): "Every person who enters into a learned profession undertakes to bring to the exercise of it a reasonable degree of care and skill. He does not undertake, if he is a surgeon, that he will perform a cure, nor does he undertake to use the highest possible degree of skill. There may be persons who have higher education and greater advantages than he has, but he undertakes to bring a fair, reasonable, and competent degree of skill, and the question is whether the injury must be referred to the want of a proper degree of skill and care in the defendant or not." It was also pointed out by Chief Justice Erle in *Rich v. Pierpont* (3 F. & F. 35) that "it is not enough to make the defendant liable that some medical men of far greater experience or ability might have used a greater degree of skill, nor that even he might possibly have used some greater degree of care."

In America the correct rule has been said to be that a physician and surgeon when employed in his professional capacity is required to exercise that degree of knowledge, skill, and care which physicians and surgeons practising in similar localities ordinarily possess (see *Dunbald v. Thomas*, Am. Law Dig., 1900, p. 3656).

As has been said, the question of what is negligence is one which depends on the facts of each particular case. The following American cases are useful instances. Thus in *Edwards v. Lamb* (Am. Law Dig., 1900, p. 3656), where the plaintiff under the direction of the defendant assisted in dressing a wound of her husband and became infected with poison by reason of slight scratches on her fingers, the defendant, who knew of the danger, was found to be guilty of negligence in assuring her there was none, since he was not justified in assuming that her hands were free from such wounds. In another extraordinary case it was decided that a physician is under no obligation while a person is his patient to tell her or her husband that a fragment of a needle broken in a surgical operation was left in her body, but it is his duty to tell her so when discharging her as his patient from his care (*Eislein v. Palmer*, Am. Law Dig., 1899, p. 1870).

The question, "To whom is the practitioner liable?" is often one of considerable importance as he is frequently employed by the relatives of his patient, while the injury attributable to negligent treatment is sustained by the patient alone. It has often been decided that although the practitioner may have been employed by the next friend of his patient yet the patient can bring an action and recover damages for negligence. Thus in *Gladwell v. Steggall* (5 B. N. C. 733) the plaintiff by her next friend sued the defendant, "who was a clergyman and who practised also as a medical man," for damages for a misfeasance. It was held that the fact of the plaintiff submitting to the defendant's treatment was sufficient proof of an allegation of employment of the defendant by her.

This leads to the consideration of the question whether surgeons and others who hold staff appointments and who give their services gratuitously to the patients in hospitals can be sued for negligence. The writer is not aware of any action having been successfully brought against a hospital surgeon for negligence, the distinctive feature of his position being that what he does he does gratuitously. The few cases which are upon record, although they come very near to the point, fall short of actually deciding it. The consequences of holding surgeons irresponsible in such cases were thus pointed out by Baron Garrow in the case of *Pippin v. Sheppard* (11 Price, 400): "In the practice of surgery the public are exposed to great risks, from the number of ignorant persons professing a knowledge of the art, without the least pretensions to the most necessary qualifications, and they often inflict very serious injury on those who are so unfortunate as to fall into their hands. In cases of the most brutal inattention and neglect the patients would be precluded, frequently, from seeking damages by course of law, if it were necessary to enable them to recover that there should have been a