THE SERVICES.

MOVEMENTS IN THE MEDICAL STAFF.

THE following officers have joined at Aldershot for instruction in Bearer Company drill: Surgeon-Lieutenants Spencer, Fowler, Porter, Smith, Goodwin, Collins, Williams, McMunn, Anderson, Bowter, French, Letty, Keble and St. J. Killery. The following have resumed duty on return from leave of absence: Surgeon-Major Riordan, Newcastle; Surgeon-Major McQuaid and Surgeon-Captain Maher, Southern District; Surgeon-Major Sandiford, Clonmel; Surgeon-Captain Ferguson, Dublin. Surgeon-Lieutenant-Colonel Williamson has been appointed to the charge of the Station Hospital, Western Heights, Dover, in succession to Brigade-Surgeon-Lieutenant-Colonel Steele, transferred to Devonport. Surgeon-Major Lyle is transferred from the North-Eastern District to Aldershot and Surgeon-Captain Smith from the Southern District to Aldershot. Surgeon-Captain Donnet has reported himself for duty in the Southern District and Surgeon-Captain Nunnerley has been transferred to Preston. Surgeon-Lieutenant McDermott has been posted to Holywood.

ARMY MEDICAL STAFF.

The undermentioned Surgeon-Captains to be Surgeon-Majors. Dated July 30th, 1893: Arthur M. Davies, H. W. Hubbard, Thomas E. Noding, John R. Yourdi, M.B., John C. Culling, Robert I. D. Hackett, M.D., George T. Trewman, M.B., Henry H. Johnston, M.B., Edmond M. Wilson, Edmund J. E. Risk, William G. Birrell, M.B., Michael Dundon, M.D., Charles W. S. Magrath, M.D., Alfred V. Lane, John W. Beatty, M.D., George E. Weston, George H. Younge, F.R.C.S. Irel., William G. Clements, William Babbie, M.B., Richard F. O'Brien, Charles W. Thiele, M.B., F. P. Nichols, M.B., John McLaughlin, M.D., Stephen H. Creagh, Francis J. Lambkin, William L. Reade, Henry J. Peard, Samuel J. Rennie, John Carmichael, F.R.C.S. Irel., George W. Brazier-Creagh, Francis T. Wilkinson, John Semple and Richard H. S. Sawyer, M.B., F.R.C.S. Irel. Surgeon-Captain William Henry Lendrum, M.D., retires from the Service, receiving a gratuity.

INDIA AND THE INDIAN MEDICAL SERVICES.

Bengal Medical Establishment: To be Brigade-Surgeon-Lieutenant-Colonel: Surgeon-Lieutenant-Colonel George Gilbert MacLaren, M.D. Dated May 1st, 1893. *Bombay Medical Establishment*: To be Brigade-Surgeon-Lieutenant-Colonel: Surgeon-Lieutenant-Colonel Colin W. MacRury. Dated April 12th, 1893. The retirement of Brigade-Surgeon-Lieutenant-Colonel James Byers Thomas, Madras Medical Establishment, is dated May 13th, 1893, and not as stated in the *London Gazette* of Aug. 1st, 1893. The rank on retirement of Brigade-Surgeon-Lieutenant-Colonel George Gilbert MacLaren, M.D., Bengal Medical Establishment, is as now described and not as stated in the *London Gazette* of Aug. 1st, 1893. The following appointments are announced:—Surgeon-Captain R. C. Macwatt, Superintendent of the Central Gaol, Raipur, is appointed to officiate as Civil Surgeon of Raipur, in addition to his own duties, during the absence on leave of Surgeon-Lieutenant-Colonel B. Evers or until further orders. Brigade-Surgeon-Lieutenant-Colonel T. French-Mullen, M.D., I.M.S. (Bengal), Civil Surgeon of Bikanir, is temporarily appointed to hold charge of the current duties of the office of Political Agent in Bikanir, in addition to his other duties. Surgeon-Lieutenant-Colonel A. S. G. Jayakar, I.M.S. (Bombay), Agency Surgeon at Muscat, is temporarily appointed to hold charge of the current duties of the office of Political Agent at Muscat, in addition to his other duties. Surgeon-Major-General Peter Stephenson Turnbull, M.D., I.M.S. (Bombay) will take the place of Surgeon-Major-General J. Pinkerton, M.D., I.M.S. (Bombay) retired with the special additional pension of £250. Brigade-Surgeon-Lieutenant-Colonel J. C. G. Carmichael, 1st Battalion 3rd Gurkha Rifles, in anticipation of promotion to the temporary rank of Surgeon-Colonel, is appointed to officiate as Principal Medical Officer, Bundelkhand and Narbudda Districts, until further orders. Surgeon-Colonel J. Richardson, M.B., Inspector-General of Civil Hospitals, North-West Provinces and Oudh, takes leave for eight months. A good service pension has been conferred upon Surgeon-Major-General P. S. Turnbull, of the Indian Medical Staff.

NAVAL MEDICAL SERVICE.

Staff-Surgeon Thomas Desmond Gimlette has been promoted to the rank of Fleet-Surgeon in Her Majesty's Fleet (dated Aug. 13th, 1893). In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Surgeon Charles Basham d'Eyncourt Chamberlain has been placed on the Retired List. The undermentioned list of Surgeons have been promoted to the rank of Staff Surgeon in Her Majesty's Fleet: Ernest Edward Bray, John Leonard Aherne, B.A., Edward James Biden, Edward Goffe Swan, William Eames, Charles William Sharples, Robert William Anderson and John Ottley. The following appointments are announced:—Staff-Surgeons: R. W. Anderson to the *Lion* (dated Aug. 31st, 1893); C. L. Vasey to the *Anson* (dated Sept. 12th, 1893); and Charles W. Sharples to the *R.N. Rendezvous*, Spring-gardens, temporarily (dated Sept. 5th, 1893). Surgeons: Robert N. Nicholson to Haslar Hospital; P. W. Bassett-Smith to the *President*, additional; H. P. Shuttleworth to the *Empress of India* (dated Sept. 11th, 1893); C. J. Mansfield to the *Anson* and J. A. Moon to the *Britannia* (both dated Sept. 12th, 1893); James M. Rogers *Cockatrice* and George Welch to Portsmouth Dockyard (both dated Sept. 2nd, 1893); Hugh St. D. Griffiths to the *President*, additional (dated Sept. 14th, 1893); Frank Bradshaw, to the *Vernon*, additional (dated Sept. 12th, 1893); and G. T. Collingwood to the *Widgeon* and Ernest D. Minter to the *Pembroke*.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Captain George R. Gilruth to be Surgeon-Major. Surgeon-Captain George Middlemiss, 1st Volunteer Battalion Durham Light Infantry, to be Surgeon-Captain; Surgeon-Lieutenant William Burns Macdonald, M.B., 1st Haddington Artillery Volunteers, to be Surgeon-Captain.

VOLUNTEER CORPS.

Rifle: 2nd Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): Surgeon-Lieutenant T. N. Wright resigns his commission.—2nd Volunteer Battalion, the Royal Scots Fusiliers: John Highet, M.D., to be Surgeon-Lieutenant (dated Sept. 2nd, 1893).—4th Volunteer Battalion, the King's (Liverpool Regiment): Surgeon-Captain W. S. Limrick to be Surgeon-Major (dated Sept. 2nd, 1893).

DEATH IN THE SERVICES.

Surgeon-Major John Charles Collins, Retired List, Bengal Medical Service, on Aug. 20th, at Steanbridge House, Stroud, aged seventy-one.

Correspondence.

"Audi alteram partem."

"THE REPORT OF THE COMMITTEE ON REGISTRATION OF MIDWIVES."

To the Editors of THE LANCET.

SIRS,—Permit me to point out that the writer of the annotation on the above subject, which appeared in THE LANCET of Aug. 26th, no doubt unintentionally, misrepresents my views as to the education of midwives. My evidence before the Committee may have been of no value, but how anyone who has read it and the letters from me which have appeared in the medical journals could consider me to be the defender "of ignorant midwives" amazes me. During the whole of my professional life I have been an advocate for the better training of midwives, and I do not think any master of the Rotunda Hospital ever more earnestly endeavoured to raise the standard of the education of these women than I did, and I think with some success. And in my evidence before the Committee and in the letters I have written on the subject I desired to impress on the public the necessity of increasing the facilities for the training of midwives throughout the whole empire. To be brief, I am of opinion: 1. That it is most desirable that a considerable number of women should be annually trained as midwives. 2. That to grant certificates to very imperfectly trained women would be misleading to the public and would be a public wrong. 3. That it would be impossible to educate efficiently any woman as a midwife except at some kind of maternity hospital and placed under the supervision of a practitioner who could and would devote sufficient time to the duty. When I spoke of "the farce of

education under a local practitioner" I had in view the possible case of the licensing body accepting certificates from "any registered practitioner," which indeed was actually proposed to be done by the Midwives' Registration Bill, and which, if it be done, will without doubt be too often a mere "farce." 4. That the examination of these women should be conducted by examiners appointed by the various universities and licensing bodies, to whom certain districts should be assigned for that purpose. 5. That the registration of all women now in practice, as proposed by the authors of the Bill, would be to inflict a grievous wrong on the poor.

I regret to say that I am compelled to reiterate that, as far as my personal experience goes, I have seen more harm done by practitioners who, though both licensed and "registered," were ignorant of midwifery, than by ignorant and illiterate women. Let me give a few instances that occur to my memory at the instant. 1. I remember three cases in which the cervix was extensively lacerated, and in one of these the vagina as well, in the attempts which were made by practitioners to force the hand into the uterus where the placenta was retained in cases of abortion. Two of these cases terminated fatally. 2. Twice I have known the blade of the forceps to be thrust through the lower segment of the uterus when it was supposed to be dilated but was not, with lamentable results. 3. I know of a case in which the intestines, which escaped through a ruptured uterus, were drawn down, they being mistaken for the membranes. These cases were all under the care of practitioners. I have never known such serious cases of malpractice to occur amongst women calling themselves midwives. Of course, I can only speak of my own experience. My evidence was neither "careless" nor "extravagant," but strictly true; and if these facts would lead the licensing bodies to require a more extended knowledge of midwifery from students than they do now great good would result. I was led quite unpremeditatedly to speak before the Committee of the ignorance of midwifery which was displayed by not a few registered practitioners to show that a mere smattering of knowledge such as the proposed Midwives Registration Bill seemed only to require was dangerous. I fear it is useless to hope for greater attention to this important branch of medical education being required of students by the majority of the licensing bodies and Universities; they are content to send out into practice gentlemen who can produce a certificate of having seen half-a-dozen or so cases of labour. This being so what are we to suppose will be deemed sufficient experience for women who are to be registered as midwives? Indeed, one gentleman who is largely engaged in teaching (not midwifery, however) said to me not long since that he considered attendance on one case of labour was all that should be required from any student. I suppose that will be deemed sufficient, too, for midwives? but then they will be "registered," and what more can the advocates of the education of midwives require? Registration, not education, seems to be the great end in view. I only wish to reverse that. I advocate "education," not "registration."

I am, Sirs, yours truly,

Dublin, Aug. 28th, 1893.

LOMBE ATTHILL, M.D. Dub.

To the Editors of THE LANCET.

SIRS,—In the annotation on the above subject, which appeared in THE LANCET of Aug. 26th, you refer to those "posing" in the matter as "representatives of the profession." Let me state, once for all, that I do not wish to "pose" as the representative of any persons. My duty is to hinder the formation of any order of midwifery practitioners other than that existing under the authority of the Medical Acts, 1886. The writer of this annotation states that he "protests seriously" against "accusations" made by me. You refer to the answer of mine (Question 372), where I say that many of the certificates of attendance of lying-in cases granted to students are forgeries—just as are their certificates in *practical pharmacy*. I adhere to this statement. I have conducted confinements where as many as from eight to sixteen students *were present*, but where they did not conduct the confinement. Perhaps two of these made an examination; yet all these students went back to the hospital and entered their names as having attended the confinement, and upon this bare statement they have been granted a qualifying certificate. Is this honest? Is it honest to the public and to pregnant women to turn out students "trained" in so loose a manner? You call upon me to substantiate my statement. If you will refer to Questions 686 and 689, you will see that I do not shirk inquiry.

Next you refer to Question 425, where I stated that in a hospital I was able to certify that "not one lying-in woman had died in the maternity wards" and that this was done by removing women from the puerperal into the medical wards. I adhere to this statement. You assert that this statement has been "indignantly and successfully met by the physician chiefly responsible." I deny this. To prove the accuracy of my statement, let me refer you to page 143 of the Blue-book No. 289, "Midwives' Registration," where you will find the reply of this physician, who attempted to answer my statement (letter No. 5). It is as follows: "It is quite true that any lying-in case that becomes feverish is removed from the lying-in wards either to the medical or, for many years, to a special surgical ward not under the charge of the lying-in nurses." Does not this admission prove the accuracy of my statement? You add: "Dr. Rentoul should surely withdraw the charge which seemed to shock the Committee?" Do you still adhere to this demand? Let me mention a point in connexion with your unjust charge against me. When my statement made before the Committee was reported in the Liverpool papers the letter No. 5 from the physician you refer to was also inserted in the local papers; in it the public were invited by this physician to treat me as a well-known notorious liar. In his letter the following words occur: "The misstatements of Dr. Rentoul are so notorious amongst the medical profession in Liverpool that they only evoke a smile," and "the foundation for the insinuation must lie in Dr. Rentoul's exuberant and rather mischievously disposed imagination." This letter appeared in three local papers which have a wide circulation. The only plan left to me to vindicate the truth of my statement and dispose of this vile charge was to insert a letter in these papers on May 13th, 1892, in which I offered a reward of £5 "if any of my evidence, as given before the Select Committee, is untruthful." Has this challenge been taken up? It has not. Do you still demand that I "should surely withdraw the charge" made by me? You have conspired to attack my character for truthfulness and to show me in a most damaging light to my fellow practitioners, and I therefore ask you to apologise for your remarks.

Now this letter (No. 5) from the physician regarding my evidence was forwarded to me on June 2nd, 1892, by the clerk of the Select Committee, with a note in which he states that the Committee "will be glad, however, to receive any communication which you may desire to offer respecting Dr. Alexander's letter according to my letter of the 30th inst. to you" (the word "however," I may say, refers to the refusal of the Committee to recall me, at my request, to further substantiate my evidence). I wish to tell you that I replied in full to this letter (No. 5) of the physician. More important still, Why was not my reply inserted in the Blue-book, especially when the physician's letter was inserted? I ask again, Why? I have asked the clerk, and he states, under date June 23rd, 1892, that my reply to the physician's letter "was not received until after the Committee had reported to the House." The last day upon which that Select Committee sat was June 17th, 1892 (see Report), and the clerk in a letter to me, dated June 10th, 1892, acknowledges the receipt of my reply to the physician's letter. How, therefore, was my reply too late? It was manifestly unjust to publish letter No. 5 without also publishing my reply to it. Let this question be answered. And if it was too late then, will not the Committee insert it in the Blue-book now being published? I have a copy of this reply, and if you will insert it in your journal you will greatly oblige me. I wish particularly to bring out one point contained in this reply. In my evidence I was trying to prove that the statements made regarding the death-rate in lying-in women, especially in women attended in connexion with lying-in hospitals, was most unreliable (see Question 424). I referred to the instruction of the Registrar-General to medical practitioners when signing certificates of the cause of death, which is printed in the book of forms supplied free to every practitioner. It is as follows: "Whenever childbirth has occurred within one month before death the fact should invariably be certified, even though it may be believed that the childbirth has no connexion with the cause of death." Now, in the year 1891, in the hospital to which I referred, 234 women were confined. Of this number at least three died. Their names were: A. M—, died Feb. 25th, 1891; M. M—, died Aug. 14th, 1891; and S. D—, died Jan. 25th, 1892. These names I obtained from the clerk of the workhouse. I then applied to the Superintendent-Registrar of Deaths for official copies of these deaths, paying

3s. 6d. for each copy. These three women died respectively on the fifteenth day, twenty-fifth day and twenty-ninth day after confinement, and therefore, according to the instruction of the Registrar-General, the fact that they died within a month after confinement should have been certified. But were they so certified? No. A reference to the official death certificates will show that S. D—— is certified as having died from "cerebral abscess" and M. M—— from "phthisis." In neither of these cases is the fact of confinement noted. A long search had to be made for the record of the death of A. M——, and eventually she was found to be registered under an entirely different name—viz., A. P——. Her death is certified, "Miscarriage, fifteen days; peritonitis, seven days." Now here, in one lying-in hospital alone, in no less than two out of three cases, the Registrar-General is not notified. That is, in about 66 per cent. of the deaths which occurred. Therefore, as only copies of these death certificates are sent to the Registrar-General, his statistics of deaths amongst lying-in women are absolutely unreliable, owing to the inaccuracies in these certificates. In fact, the Registrar-General in his fiftieth annual report, p. 34, recognises this want of accuracy. Newsholme, in his "Vital Statistics," p. 207, makes a similar statement. I therefore think that I have confirmed the accuracy of my statement as to the unreliable nature of the statistics relating to the hospital referred to.

There is another strange remark made in this letter (No. 5) by the physician. He states that the lying-in register contains the subsequent history of all cases which pass through the lying-in wards, and if any of them should die "long after confinement" this fact is stated in the summary. To show how impossible it would be to accomplish this, and to show that it is extremely difficult to trace these hospital patients even for a month, I obtained the following statistics from the parish clerk:—

No. of women confined in 1891.	No. of women discharged from lying-in wards.	No. of women transferred from lying-in to hospital wards.
234 (Of these 140 were single women).	Within the 7th day	22
	„ „ 14th „	95
	„ „ 21st „	77
	Over 21st „	18
	—	—
	Total	212
		Total .. 31

Therefore, of 212 women, 31 were transferred to the hospital wards. This is a heavy sick-rate. I cannot say how many went back into the city and so were lost sight of, or whether they went into other hospitals and there died before the thirty-one days after confinement.

Now, Sirs, as you have in your widely read journal in the most public manner possible protested against my "accusation" and stated that I "should surely withdraw the charges" I made, and as you state that the physician has "successfully and indignantly" proved my statements to be untrue, I call upon you to withdraw your remarks made regarding my statements. I value the truth, as it should be our highest honour to show fidelity and loyalty to it. I have no wish to descend to personal bickerings. I only ask for fair play, and that you will give as great prominence to my reply as to your accusation regarding my want of truthfulness. It is an unpleasant fact that in the present day, when the cause which an opponent advocates cannot be met by fair argument, wild efforts are made to undermine his character for truthfulness. As to Dr. Atthill's statement, all practical men must concur fully with it.

I am, Sirs, yours faithfully,
Liverpool, Aug. 27th, 1893. ROBERT REID RENTOUL.

To the Editors of THE LANCET.
SIRS,—In the Committee's report which was published in the columns of THE LANCET on the proposed legislation for midwives, such report concludes in the following terms: "Your Committee desire to refer to the apprehension expressed by certain witnesses belonging to the medical profession, lest their interests might be injuriously affected by an improvement in the status of midwives," and the Committee further state that "they are of opinion that the medical profession will not only be relieved of much irksome and ill-paid work," but they also point out in effect that medical men will derive advantage

through being more frequently called to the aid of midwives by virtue of the improved knowledge of the latter. Now, Sirs, speaking personally, I should say that the "interest" of the medical profession is a question which should hold quite a subordinate position compared to a question of paramount importance, and that is, Would the proposed legislation decrease or increase the mortality amongst lying-in women? If the answer is in the affirmative I have no hesitation in saying, and most certainly too, that it should pass. On the other hand, however, it is quite conceivable that legislation might tend to increase the mortality and at the same time seriously affect the "interest" of the profession, and in this latter case such interest would be a matter of some moment considering the competition of the age. The idea of the Committee relieving medical men of "irksome work" is a notion which is totally repudiated by almost universal and everyday experience, because there are numbers of medical men both in town and country who are not only ready, but who actually undertake and conduct midwifery at the same rate of fees as uncertificated midwives. No doubt the ultimate results of this kind of legislation, as, indeed, in any other kind, are a matter of uncertainty. Hence the wide difference of opinion on the subject; but it would seem to me that one is able to arrive at some approximate estimate, provided only one bases his calculations on facts instead of on mere opinion, and the facts are undoubtedly these—namely, that legislation must either decrease or increase the number of midwives, or it must retain them at their present ratio—i.e., exchange the registered for unregistered number for number. With regard to the first—i.e., decrease—a fear was very properly and honestly expressed by the proposers of this legislation that the number of midwives might become too few, and no doubt this consideration is one that ought not to be lightly brushed aside, because it is evident that if an Act of Parliament were to have a very drastic effect in exterminating the "Gamps" and the void was not sufficiently filled by the registered, such country and other places which are sparingly provided with medical men must seriously suffer; hence we see the risks of a decrease. Secondly, with regard to a problematic increase and to express my private opinion the Act is more likely to operate in this direction than any other. It is almost absurd to mention anything so self-evident as the fact that the expenditure of an unlimited number of "natural" cases in the hands of a class whose experience would be wasted, as they would have no authority to act in emergencies, must necessarily be such a waste of obstetric knowledge in general that its equivalent can only be expressed by saying that general practitioners must tend to degenerate in this knowledge. With regard to the question of the "improved status" of midwives, it seems to me that the Act could have no effect either in increasing or decreasing midwives except by such improved status; otherwise, how is it certificated midwives have not exterminated the "Gamps" already? It is well-known by all classes of the public that certificated midwives are to be obtained; nevertheless, in the very teeth of the latter, the "Gamps" still carry on their craft as heretofore. Lastly, with regard to the only other alternative—and this is indeed the only conceivable advantage to my mind that could be derived from the Act,—namely, the maintenance of midwives at or about their present number, the only question that remains is, Is it worth while to hazard an Act of Parliament which has been shown to be so perilous, either through increase or decrease, on the mere offshot of retaining midwives at their present number?

I am, Sirs, yours truly,
Queen's-road, Aug. 25th, 1893. CLEMENT H. SERS.

GOVERNMENT AND THE INDIAN OPIUM TRADE.

To the Editors of THE LANCET.
SIRS,—May I be permitted to address to you a few words in reference to the memorial condemnatory of the growth and sale of opium as now permitted by the Indian Government, which recently received the signatures of some 5000 British medical practitioners. Living in a country which spends £7,000,000 on milk and £141,000,000 on intoxicating drinks annually—a pound on drink for every shilling on milk—these gentlemen have many opportunities of noticing the terrible evils that follow the habitual imbibition of alcohol. The bodily diseases it causes—the cirrhotic livers, the diseased kidneys, the dropsy, the fatty hearts, the arterial