

was drawn up at the first meeting of the Provisional Committee which preceded and led up to the formation of the Midwives Registration Association, and it was adopted at the first general meeting of the association, on July 3rd, 1893, as a part of its working basis. No midwife had any hand in it. Dr. Smyly, as a member of the Midwives Registration Association, should be aware of these facts. The definition *was* and *is* intended to define the present status of a midwife, the object of the Bill being to place midwives under the formal control they so greatly require, not to free them from that which, indeed, does not exist. In the Bill "as amended on report" the definition has been omitted. Dr. Smyly's objection that the Bill does not sufficiently provide against midwives treating cases which are not normal, is due to a misreading of the Bill. In the amended measure a special clause prevents any further misconception on this matter, as it specially makes it a form of professional misconduct to omit to send for a medical practitioner in abnormal cases. He complains that the authority under the Bill is centralised in London, but this town is only mentioned once in the Bill, in connexion with the Royal College of Physicians of London, and it was certainly not intended to centralise all authority in that town, as it would make the Bill unworkable. If he will refer to his copy of the "Suggested Scheme" of the Midwives Registration Association he will see that provincial rights were then carefully considered, but it is, of course, impossible to put any but general expressions and powers in a Bill of this nature. The wording of the clause which names the authorities who nominate the members of the central board was suggested by the President of the General Medical Council. As to Rotunda midwives being prevented from practising in England and Wales, Dr. Smyly is wrong in two respects: any woman can practise in either country after the passing of the Bill just as she can now; and while it is especially provided that the conducting of the examinations should be in the hands of the central board, so that a minimum standard should be made obligatory, it is evident that Irish or any other midwives who had passed a higher standard than that required by the board would be admitted to the Register. At the worst it would but be for the midwives who had been trained in Ireland to pass their examination in England, as is so often done by medical students. Perhaps Dr. Smyly would kindly state exactly the amendments he would like to see in the Bill (and give a definition of "midwife"), and I will take care that they come forward for discussion and will guarantee a fair and full hearing.

I am, Sirs, yours faithfully,

F. ROWLAND HUMPHREYS.

Fellows-road, N.W., June 22nd, 1895.

#### To the Editors of THE LANCET.

SIRS,—The article by Dr. Boxall and Mr. Humphreys' letter will, I think, afford some food for reflection. There can be little doubt of the truth of the conclusions drawn by Dr. Boxall as to the nature of the disease from which his patients suffered, but I wish to refer to the fact that it is very much more difficult to arrive at correct conclusions in private practice, where all the conditions are not so much under the control of the medical man as they are in hospital. It has, on more than one occasion in my own practice, been a matter of extreme difficulty to worry out the facts necessary to be obtained before coming to any conclusion, and it seems to me to be unsound policy to encourage uneducated practice when the difficulties to be overcome are quite great enough already. Look at the difficulties in the path of the medical man summoned by a midwife to such cases as described by Dr. Boxall, and probably not until there was mischief in the region of the pudendum, and consider how much injustice might be done to the midwife and perhaps, also, to the patient. Mr. Humphreys' letter also goes to show that this insane legislation has been forced upon the country by those who have never even taken the pains to arrive at the facts connected with the question. I will just state the fact that the guardians have nothing whatever to do with providing nursing assistance to the out-door poor; they can admit a parturient woman to the infirmary for her confinement, and they can give an order for medical attention in case there is any difficulty connected with delivery occurring in people outside the infirmary. The relieving officer, however, can require the person to whom the order is given to pay, by weekly instalments, either the whole or a portion of

the fee for attendance if he knows that there is sufficient money coming into the family to justify his action. Mr. Humphreys, too, shows his ignorance, not only of the work done by the district and county councils, but also of the way in which they do it. The proposal I have made does not imply the wholesale pauperisation of the districts reported upon. Payment would be made in proper cases commensurate with the money earned by the family. With some experience I can assert that it is not the Poor-law which is pauperising the country, but it is the abuse of the hospital system and wholesale indiscriminate dole-giving. The reason the Poor-law is unpopular is because it is the duty of the relieving officer to ascertain the position of the people to whom relief, either medical or other, is given; and, given a good relieving officer, and many such are to be found throughout the country, with good local knowledge, the system works excellently well. It is a fact that no Continental country has a system of relief in any way comparable to our own for efficiency.

I am, Sirs, yours obediently,

Hatfield, Herts, June 23rd, 1895. LOVELL DRAGE, M.D. Oxon.

#### To the Editors of THE LANCET.

SIRS,—At the annual meeting of the Lancashire and Cheshire Branch of the British Medical Association, held in Liverpool on the 19th inst., a member asked "for information regarding the 'protest' forwarded to the General Medical Council by certain persons assuming to represent a number of the members of this branch." The "protest" was sent in on the occasion of the committee of the branch petitioning and sending a deputation to the General Medical Council in May last. Information was requested under three headings: 1. Whether authority had been obtained to use the signatures appended to a "protest" in June, 1894, and in which it is stated, "As there is no Bill at present in existence, a fact which was again and again impressed upon witnesses by the select committee, it is impossible to tell what statutory penalties may be provided for cases in which the limits of practice shall have been exceeded," in order to promote the present Midwives Bill by damaging the effect or weight of the petition and deputation of the branch. 2. The signature of a member of the General Medical Council was appended to a document forwarded to that body in order to influence its action. The signatures of two of the members of the deputation against registration to the General Medical Council were appended to the document, thus making these gentlemen protest against their own action. 3. The person forwarding the "protest" says in his letter to the General Medical Council, "the deputation would not represent the branch officially." The statement had also been made that the petition was not an official one, and that the committee does not represent the branch.

Dr. James Barr hereupon explained to the meeting that the petition of, and deputation from, the branch were "official and represented the branch," and quoted from his minutes of March 9th and May 11th, 1894, in support of his statement. One of the members of the deputation alluded to now rose and formally complained that his name had been placed on this list of "protestators" without his knowledge or consent. Dr. W. Macfie Campbell then stated in explanation of Question No. 1: "That the signatures had been obtained by means of reply postcards twelve months ago, and that he had not deemed it necessary to again circularise the members on the subject." "In reply to Question No. 2, all he had to say was that if Dr. Leech chose to sign the protest it was his own affair, and that he (Dr. Macfie Campbell) was not going to prevent him." But Dr. Macfie Campbell had not even a lame explanation to offer the meeting as to how the name of a member of the deputation came to figure on his "protest list."

I am, Sirs, yours faithfully,

H. HORBURY PRESTON.

Assistant Hon. Sec., Lancashire and Cheshire Branch Committee of British Medical Association.

Pendleton, June 22nd, 1895.

#### THE MISUSE OF HOSPITALS.

##### To the Editors of THE LANCET.

SIRS,—One would fain believe that the numerous preachers whose pulpit utterances on Hospital Sunday were to the

effect that nearly half of the people of London sought (and obtained) medical and surgical aid at some one or other of the metropolitan hospitals and dispensaries in a single year had made a considerable call upon their imaginations; but there was a remarkable unanimity amongst them, and the higher critics would have no difficulty in tracing their accounts to a single source—namely, *The Hospital Sunday Supplement*. To this are appended tables for 1894 which, although St. Bartholomew's and St. Thomas's Hospitals and one or two other places are excluded, make it appear that 1,383 634 distinct patients were treated in that year at those institutions whose names are given. In the earlier part of the document, which refers to 1893, special mention is made that one out of every two men was treated thus in London, but in this case the endowed hospitals are included. And we are to believe this, knowing all the time that the pauper population is otherwise provided for, that our soldiers and policemen have their own staffs of medical men &c., and that many other bodies are similarly situated. These rarely figure in our hospital returns. Of course, one cause (easy to detect) of the apparent exaggeration is the author's restriction to London of the population from which the patients are drawn. But the great majority come from this restricted area, and the only other explanation at all feasible is that in many instances the daily returns of out-patients were added together for the year.

There is no doubt, however, that throughout England there has been a growing tendency on the part of the population to betake itself to hospitals in case of sickness or injury. There is an instructive passage in the Registrar-General's Census Report for 1891, vol. iv., p. 77: "The patients enumerated in hospitals were 7619 in 1851, 10,414 in 1861, 19,585 in 1871, 24,087 in 1881, and 27,579 in 1891. The proportion of these patients to 100,000 of the population was 42 in 1851, 52 in 1861, 86 in 1871, 93 in 1881, and finally 95 in 1891. It must not be supposed that this continuous increase implies a corresponding increase of sickness. The proportion of hospital patients to population is a measure rather of the amount of hospital accommodation than of the amount of sickness." In fact, hospital accommodation is at present (and will be for some time to come) quite equal to the needs of those who are the proper recipients of it. But its recent enormous extension has had a pauperising effect upon the community, and in these days many obtain aid at hospitals who ought to be heartily ashamed of so doing.

I am, Sirs, yours faithfully,

Kingston-on-Thames, June 26th, 1895.

D. BIDDLE.

\* \* Mr. Biddle refers to the supplement issued by a contemporary. THE LANCET Hospital Sunday Fund Supplement (June 8th, 1895) shows in a statistical table of the hospital work in London during the year 1894 that 1,565,978 out-patients paid visits to twenty-seven "general hospitals" (using the term as employed by the Council of the Metropolitan Hospital Sunday Fund). A further number of visits—118,470—to cover possible omissions were estimated to have taken place, making in all 1,684,448. It is distinctly stated in a note to this table, with a view to obviating a source of serious error, that "*the figures referring to out-patients in these tables represent the number of VISITS paid by out-patients—not the NUMBER of out-patients.*"—ED. L.

## THE "INDEX MEDICUS."

To the Editors of THE LANCET.

SIRS.—Mr. George S. Davis, the enterprising enthusiast who, since January, 1885, has at very heavy loss maintained that most valuable aid to all working medical men, the "Index Medicus," announces that he does not see his way any longer to continue losing 2000 dollars a year for the sake of the profession. It will be remembered by many that in 1893 Mr. Davies intimated that unless more subscriptions came in he would be obliged to discontinue the publication; and it was hoped that the many members of the profession in this country who have obtained invaluable help from the Index would have felt it their duty as well as their interest to have subscribed liberally enough to have enabled Mr. Davis to persevere with his great public service. This hope has not been realised. The Index has become absolutely indispensable, and the loss of it means that in reference-hunting we shall

have to remember twenty or thirty different sources of information and search through all of them, instead of, as hitherto, finding everything in the clearly printed pages of the monthly Index.

I have written to Dr. Billings, whose marvellous power for organising Index work is well known, urging him to take steps to have the Index carried on on a non-commercial footing, and to endeavour to obtain subscriptions from scientific societies and scientific workers for its maintenance; and I should be glad to know what measure of support might be expected in this country for such a scheme. If £400 a year could be guaranteed from this country the Index could be continued; and I think it will be a shame to English medicine, which has derived so much benefit for the last fifteen years from this great American enterprise, if such a small sum should not be forthcoming. Every medical society should regard it as a duty to subscribe at least two guineas to maintain the Index, and the rest should be easily made up by the subscriptions of medical men who would be glad to have this important aid at their elbow. I should be grateful to hear from those willing to support the Index by an annual subscription, and will forward their offers to Dr. Billings, who, I feel sure, will not allow the Index to be lost without a struggle.—I am, Sirs, very faithfully yours,

J. Y. W. MACALISTER,

Resident Librarian of the Royal Medical and Chirurgical Society.  
Hanover-square, W., June 25th, 1895.

## "DEFECTS OF VISION AND ACCIDENTS."

To the Editors of THE LANCET.

SIRS.—The able letter of your Indian correspondent, Mr. J. Stuart Brooke, is interesting and timely, and it is to be hoped will receive the attention here it merits. The detection of the man with the artificial eye on board of the Cunarder in the early seventies led to the examination of all men detailed for look-out duty with reference to short sight, colour and night blindness; and I know that to-day, in the same service across the Atlantic, this testing is still continued with the addition of taking notice of the competency of hearing, a keen sense of which is most important in fog. There is no railroad track across the ocean, hence the more need that these floating villages should have sentinels wide-awake and effective. It may seem somewhat a large order to say that the only uniform and practical remedy for the prevention of these disasters at sea consists in the appointment under the President of the Board of Trade of a principal medical adviser. This official, who should be a man of practical knowledge and of administrative ability, would relieve the President of all technical work and guarantee to the public that, so far as he was concerned, efficiency was the rule of the road afloat as well as ashore. Nor would his office end here. He would be the recipient of the medical logs of the different steamers. Here facts could be sifted and tabulated, to the utilisation of the field of marine hygiene that has long lain waste; and, *per contra*, the fads and fancies of enthusiasts with regard to medical matters at sea, remedies, and what not would receive their just estimate and be utilised for what they were worth. Some of your readers will recognise the necessity of these remarks. Sirs, it is needless to trouble your space further than to say simply that the public and the profession look to you that the suggestions of the expert deputations of Feb. 1st last will not pass away without some practical results.

I am, Sirs, yours faithfully,

Sussex-place, Southampton, June 24th, 1895. R. A. CALDWELL.

## "RAPID DILATATION OF THE UTERUS."

To the Editors of THE LANCET.

SIRS.—In his Note on Some Aids to Rapid Dilatation of the Uterus Dr. Amand Routh recommends, in certain cases, the preliminary use of a glycerine tampon. It may be interesting to some of your readers to hear that during the last two years I have found the use of a glycerine tampon very serviceable in midwifery practice when the pains are inefficient, the vagina "dry," or the cervix "rigid." It seems to me that such a tampon is needed in cases in which it has been thought necessary to use an astringent antiseptic before delivery, and it is much more convenient than iodoform &c.