She tells me that the hearing improved more during last year than in 1905, an interesting fact in opposition to the predictions of more than one otologist.

I am, Sirs, yours faithfully,

Jan. 5th, 1907.

F. FAULDER WHITE.

GASTROSTAXIS.

To the Editors of THE LANCET.

SIRS,—In his interesting address on Gastrostaxis published in THE LANCET of Nov. 3rd, 1906, p. 1189, Dr. W. Hale White refers to 29 cases which he has collected. May I draw attention to another case in which I operated, published in the *Intercolonial Medical Journal* of Feb. 20th, 1901? This patient was diagnosed as suffering from gastric ulcer at the Prince Alfred Hospital, Sydney, as well as by two physicians at St. Vincent's Hospital, Melbourne, was operated on, and died, and post mortem no lesion could be found anywhere in the alimentary canal from oesophagus to rectum, or in any abdominal organ. Another unpublished case was the following, seen on July 18th, 1906, with Dr. Alan Mackay and Dr. W. A. Wood. A married lady, aged about 30 years, had for several years been subject to very severe attacks of hæmatemesis with epigastric pain. In several of these she was so collapsed as to be apparently on the point of death. In spite of treatment and most rigid dieting the attacks recurred at varying intervals. The possibility of gastrostaxis was considered and mentioned to the patient and her husband but gastro-enterostomy was advised and performed. The interior of the stomach was very thoroughly examined, the mucous membrane being protruded through the gastric incision, but no ulcer or other lesion of the mucous membrane could be found. On the second day after the operation she developed acid intoxication with symptoms exactly like those of diabetic coma. The urine contained no sugar but traces of diacetic acid and much indican. She died on the third day after operation. Unfortunately no post-mortem examination could be obtained.

I am, Sirs, yours faithfully,

Melbourne, Dec. 4th, 1906.

G. A. SYME.

HOSPITAL REFORM AND THE CLERGY.

To the Editors of THE LANCET.

SIRS,—I have been reading with much interest your article on hospital administration and reform. As you point out, the root of the evil lies in the fact that large numbers of people have come to expect free treatment as a right and that charitable persons insist on a return for their subscriptions in the shape of a subscriber's letter.

Now these are two serious faults which can only be checked, not cured, by the appointment of almoners. An alteration of public opinion on these points is needed and it can be effected by no body of men so well as by the clergy. It seems ridiculous that we should often have to spend a large part of our time in making the necessary inquiries before signing a letter, doing work that an almoner at the hospital could do so much better, while all the time we are neglecting the teaching of self-reliance and of higher ideas of charity which certainly should be part of our duties. May I suggest, therefore, that every member of the medical profession should do his best as occasion serves to bring this matter before individual clergymen, pointing out to them the waste of their time and the harm of the present methods while urging them to preach higher conceptions of social duty?

But I have a further object in writing. It is not merely that I grudge the time we have to spend in making inquiries before signing letters, and regret the abuse of the hospitals where such inquiries are not made; I regret even more the fact that we clergy are looked upon by the working-classes as mere amateur relieving officers. I am convinced that so long as there is any expectation on the part of the poor that they may receive material help from us our real spiritual work is ruined. I see no chance of any great spread of religion among the masses till it is entirely separated in their minds from the receiving of relief. If medical men will point out to us that in working for hospital reform we are making possible our own special work, each profession will be helping the other for the common good. But there is a mass of false opinion on the subject which will only be altered if each individual medical man

will approach each individual clergyman whom he knows with the object of converting him.

I am, Sirs, yours faithfully,

(Rev.) CLEMENT F. ROGERS.

Southampton-row, W.C., Dec. 28th, 1906.

WEST AFRICAN MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—A month or two past I read a letter in THE LANCET contrasting the West Indian with the West African Medical Service rather to the advantage of the latter. Perhaps in writing to give you a few of the real facts about the conditions out here I may be doing a service both to the members of the West African medical staff, of whom I am one, and to anyone who, knowing no more of the matter than he can learn at the Colonial Office, may think of coming out here and benefiting himself thereby. Economy—on paper—is the fashionable watch-word of the administration at present and it is with economy as practised at the expense of the medical service that this letter chiefly has to do. The ordinary person at home would naturally think that in a climate such as this the medical officers would be people of considerable importance, well paid, well equipped, and with every facility given them for the proper performance of their work.

Let us contrast this with the facts in being. In the first place, there are never enough of us on the coast to supply all the stations. I think I may state as a fact that every station has never been in possession of a medical officer at one and the same time, and some stations have been without any medical officer for months at a time, not once but two or three times in my own experience. There may be a station in Southern Nigeria which is fully equipped with surgical instruments, drugs, and appliances, but though I have been stationed in several places and have discussed other stations with their medical officer I have yet to meet or to hear of one which at all nearly approaches that standard. Many I know have a few old knives and scissors, probably some antiquated tooth forceps, and a post-mortem case, as their equipment for looking after the lives of white men. I have never seen an ophthalmoscope, a liver-abscess outfit, a case of eye instruments, or a case of sounds for stricture—to mention a few out of many absent important instruments provided in any station. That these and other necessities have been applied for times without number I know well, the answer given being that the huge vote of £1000 a year for drugs, instruments, and sundries for some 80 stations will not cover such expenditure. Many men bring out their own instruments rather than be called upon to face an emergency without proper tools. As to drugs and appliances, one's requisition list is usually shorn of all that is individual to the man making it, and every medical man knows what it means to be without the drugs which he is particularly fond of, and I know of a case where the item of two towels and two dusters for hospital work were cut off a requisition, the result being that the medical officer had to use his own or do without; he did the former. There may be military expeditions on which a medical officer is equipped with an amputation case and a bullet extractor; I daresay there have been but I know of two cases where neither of these necessities was included, and one of these expeditions lasted over five months. In this last instance the medical officer applied for a trephine; it was refused with instructions to send any patient needing such an instrument to the nearest big station. Oddly enough, a case for trephining did occur, and the patient was sent to the nearest big station, with a loss of time of six days and, curious as it may seem, that station had not got a trephine either.

Before we come out here the Colonial Office pays for a course of instruction at the London Tropical School of Medicine; the value of this instruction is, however, greatly discounted by the extreme difficulty experienced, in spite of the bold assurances given at the Colonial Office, in getting a microscope allotted and sent to one. Economy does not allow the natural remedy for this of keeping a microscope at each station. Numbers of cases are extant of a microscope being supplied in, say, the eighth month of the tour (it sometimes comes as early as the fourth or fifth), while the slides, stains, &c., did not reach the applicant till just before he was going on leave. A hospital for Europeans in every large station would seem a necessity to the ordinary person and there is one I know in South Nigeria and I know of another one