a surgeon, who has since successfully performed gastro-tomy, and the man is doing well. When talking over this case to the surgeon who operated, and commenting on the fact of its non-recognition to him, he replied, "The truth is and the evil is that a patient may come to our hospital three or four times, and perhaps be seen each time by a different doctor," and this undoubtedly is not infrequently the case. That you may be able to verify this I send you a few further particulars, although not for publication.

I am, Sirs, your obedient servant,
FREDERICK H. ALDERSON, M.D.

Feb. 10th, 1896.

* * Our correspondent sends us evidence of the second instance of failure of diagnosis in the case of an out-patient to which he alludes in his letter. We fail to understand why at the hospital in question members of the staff do not attend upon allotted days and see their own patients.—ED. L.

To the Editors of THE LANCET.

SIRS,—I have been reading a report of Dr. Glover's speech at the council meeting of the Metropolitan Hospital Fund advocating the appointment of a committee to investigate and report on the out-patient system of the hospitals, and, if you can afford the space, I should like to offer a few remarks. Dr. Glover is reported to have said that the out-patient system was an excrescence on hospital work and not essential to the hospital system, and that the casualty system was a further excrescence; that it was not fair to medical men, and had a bad reflex action on the profession; that it was not fair to the poor, who were often detained for hours; that it did not afford a good method of teaching medical students; that it did not make the fame of the hospitals; and that the system was not justified even by the medical men who administered it. That various reforms are desirable at many hospitals, especially the special ones, is widely conceded; but surely Dr. Glover will have great difficulty in sustaining the justice of his criticisms. How can he contend that the out-patient practice, as conducted by many conscientious, able, experienced, and hard-working men, does not contribute to the good reputation of a hospital both from a scientific point of view and otherwise? Further, I affirm that the poor do get an adequate return for the time and trouble expended by them. Their attendances seem to prove it; and under what system will they get a better? I cannot follow Dr. Glover's contention that the teaching in the out-patient room is a wrong method. It seems to me that the teaching is of the greatest value to the medical students and clinical assistants, and not to be acquired otherwise. Its value might be exemplified by endless examples. Under what other system is the student to acquire a competent knowledge of many conditions which he will rarely, if ever, meet with in the wards? I allude, amongst other things, to the earlier stages of disease processes; to the host of minor ailments which will occur to everyone; to various diseases, such as those implicating the skin, which require repeated observation and comparison to facilitate their correct diagnosis; and to many diseases of the throat, nose, ear, and eye. The working of the out-patient departments in the hands of different men imparts also lessons in other directions of the highest value. In view of the sweeping criticism directed by Dr. Glover against the out-patient system generally I fail to understand why he is prepared to let any trace of it remain. I should be extremely interested to hear what Dr. Glover proposes to substitute for the out-patient teaching and in what way the poor will receive better treatment.

I am, Sirs, yours faithfully,
OUT-PATIENT PHYSICIAN.

"WOMEN AND THE PROFESSION IN INDIA."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Jan. 18th last Dr. McReddie has written to show that there is a great need for lady doctors in India. This is certainly what appears to be the natural conclusion to those who look at the question merely from the outside; and that is why there is so much misapprehension about the subject and so much delay in the improvement of the general state of things. I have discussed the question fully elsewhere,¹ as the question of lady

doctors in India is essentially a social question. In the briefest of words I will say that not only is there no need for women in the medical profession in India, but their presence is most undesirable and even detrimental to the interests of the community. So far, however, as qualified midwives are concerned there can be no two opinions. They are greatly needed, as male medical men are not generally, and perhaps will not be for some years to come, allowed to attend Indian women. With reference to Lady's Dufferin's scheme of "female medical aid," I need only say that the mere fact of native princes subscribing towards it does not show that there is any real need for lady practitioners in India nor does it prove the expediency of the scheme. On the other hand, the people of India are beginning to recognise that any exertions in this direction are futile, and the sooner "The Society for Providing Female Medical Aid" gives way to "The Society for Providing Qualified Midwives, Nurses, and Teachers" the better.

I am, Sirs, your obedient servant,

B. L. DHINGRA, M.R.C.S., &c.

Gordon-square, Feb. 5th, 1896.

THE HEALTH OF THE ASHANTI FORCE.

To the Editors of THE LANCET.

SIRS,—In the special article on the Ashanti Expedition published in THE LANCET of Jan. 25th it is stated: "The results as regards the preservation of health are highly creditable to the medical service." Not many years ago such a report would not have been anticipated; on the contrary, we should have heard of much sickness and fever. Nowadays the easier and quicker mode of transport and the excellent accommodation and comforts of the soldier generally, coupled with enlightened science, have had everything to do with the improved state of this branch of the service. For the last twenty years medicine has been making rapid strides and particularly in the direction of sanitary science. So rapid has been this progress that it has affected all classes from the State downwards to those who live in "slums." This cycle of change has necessarily improved the state of affairs in the Army Medical Department, so that we are far ahead of the army surgeon of 1855. He is a different man altogether both in general acquirements and general education. We are aware that the army medical officer is as well informed and educated as his fellow combatant officer; that his duties are equally trying and as onerous—that this branch of the service with the commissariat are the two most important. It is satisfactory to know that the British army and navy are well represented by members of the medical profession, for modern warfare with machine guns demands most skilful medical care. If one considers for a moment the perfect arrangements of this recent campaign and all the forethought devoted to the soldier's requirements, from his drink to his personal dress, the good results obtained are not to be wondered at. It would indeed be instructive to have recorded in your paper a complete report as to the diet, regimen, and medical arrangements of this little army to Ashantiland. Was quinine used in a routine way or any other prophylactic measures adopted beyond what are known in modern preventive medicine? Since the Crimean War the whole world of medicine has changed, and it would be advantageous to hear from medical officers of this recent expedition the action of any of the newer drugs such as antipyrin, antifebrin, &c. on the bacillus malarie. The fact remains that the science of surgery and medicine has become revolutionised from the introduction of the antiseptic system in 1880 or thereabouts. Before this date things in the surgical and medical world were quite different. Erysipelas, both medical and surgical, was a common complaint, wounds used to emit stinking odours, wards had to be closed, and the dressers and surgeons alike suffered from what was called "hospital throat." Puerperal fever, diphtheria, small-pox, scarlet fever, enteric fever, and typhus fever were pretty frequently present in towns, although the latter had considerably abated and was becoming uncommon and less virulent. At this epoch there were much jealousy and rivalry among the members of the surgical staffs of the various hospitals, and it remains for this generation of surgeons to improve upon "this perfect system of cleanliness" which the world owes to Sir Joseph Lister. Not only has the surgeon advanced in this line, but he has gone further afield and performs operations of a most heroic nature which

¹ The February number of the Indian Magazine. (A. Constable and Co., Westminster.)

would not have been countenanced twenty years ago. The birth of antiseptic surgery set the medical scientist thinking, and thus our latest addition "bacteriology" came into being. Finally, we have plenty of proof of the progression of the sanitarian in our colonies and elsewhere; we only want to spur those of our neighbours who are behindhand. As the bacteriologist advances and new antitoxin remedies are produced, perhaps in a few decades that most insidious, variable, and vicious parasite the bacillus malariae will be conquered and cease to bring upon us so much pain and sorrow as it has done recently.

I am, Sirs, your obedient servant,
Alton, Hants, Feb. 8th, 1896. J. F. BRISCOE.

A POINT UNDER THE INFECTIOUS DISEASES (NOTIFICATION) ACT.

To the Editors of THE LANCET.

SIRS,—May I ask you to insert the enclosed copy of a letter from the Local Government Board. The town clerk of Peterborough informed me that my conduct in reporting every case of infectious disease was "not justifiable," but that I should only report one in a house. Considering this opinion to be incorrect I wrote to the Local Government Board. The answer fully supports my opinion.

I am, Sirs, yours truly,
The Mansion House, Peterborough. LEONARD CANE, M.D.

[COPY.]

"Local Government Board, Whitehall, S.W., Feb. 11th, 1896.

"SIR,—I am directed by the Local Government Board to advert to your letter of the 30th ultimo, and, in reply, I am to state that, as the Board are advised, a medical practitioner is required by the Infectious Disease (Notification) Act, 1889, to give notice to the medical officer of health of the district respecting every patient suffering from an infectious disease within the meaning of the Act whom he may attend or be called in to visit (unless such patient is an inmate of a hospital in which persons suffering from an infectious disease are received), and that the town council must pay the prescribed fee for each certificate, whether or not it relates to a person belonging to a family in which the presence of infectious disease has already been notified.

"I am, Sir, your obedient servant,

"C. W. CALTON, Assistant Secretary.

"L. Cane, Esq., M.D., the Mansion House, Peterborough."

* * It is clear that any other interpretation of the Act would be impossible and lead to endless confusion.—ED. L.

"UNQUALIFIED ASSISTANTS AND THEIR PRINCIPALS."

To the Editors of THE LANCET.

SIRS,—Having read your interesting article on the employment of unqualified assistants I may be allowed to point out that the directions issued by the General Medical Council on the subject are admittedly too vague and indecipherable to be of any practical application. I venture, however, to bring before your notice one point on which the Council might be asked to place its veto in *no indefinite* terms, and that is with regard to discountenancing the system, which is by no means extinct, of locating unqualified men in branch surgeries, because it is, or should be, obvious to any that under these circumstances such unqualified practitioners are to all intents and purposes performing the medical functions of registered practitioners. Quite recently a case has come to my notice by accident in which an unregistered practitioner, under conditions which I have described, having seen a child which died, his principal, being unable to grant a certificate, represented to the coroner "dentition" as the probable cause of death—certainly a rather skilful diagnosis for one who had not seen the child alive. Now let us suppose that an inquest had been duly held in this case and that the coroner had forwarded his notes to the Council with a view of their taking cognisance of this illicit kind of practice, of what earthly use could such evidence be to the Council, seeing that it could only be evidence of that which is already self-evident—viz., that practice is conducted in these branch surgeries, as I have before observed, to all intents and purposes as though qualified men resided on the premises; and that the only practical distinction between "covering" in this sense and "covering" as applied to protecting a quack who practises on his own account consists in the difference that in the latter case the unqualified man directly pockets the cash, whereas in the former he puts it into the pocket of

his principal? Under these considerations I would suggest that the Council might hold the practice I have described, after due notice, as "infamous conduct in a professional sense," and such a decree would operate with justice towards the public, with justice towards well-disposed registered practitioners, and with no undue harshness towards the unqualified assistant.—I am, Sirs, yours truly,
Queen's-road, S.E., Feb. 2nd, 1896. CLEMENT H. SERS.

* * As a matter of fact the General Medical Council does take the view of an unqualified assistant in charge of a branch practice held by our correspondent and has often been guided by it in actual cases. Perhaps our correspondent's letter may induce the Council to be more explicit in its condemnation of such a system, but such a use of an unqualified assistant is certainly improper and would render a practitioner liable to a charge of covering.—ED. L.

To the Editors of THE LANCET.

SIRS,—Referring to the inquest held by Mr. Wyatt on the body of Alice Emily Hall, upon which you comment in THE LANCET of Feb. 8th I have to say your remarks receive my entire adhesion. I have always been to the fore in the ranks of those of our profession who rigidly oppose the abuse of the use of unqualified assistants. But in this case the action of my assistant, an advanced hospital student who has passed in surgery, &c., and who is now actively reading for the medicine and midwifery final, has my entire approval. I not only endorse his action in the matter, but I desire to state emphatically that I should have been extremely annoyed and hurt had he so far forgotten his manifest duty as to have refused to accompany the weeping mother home for the purpose of rendering immediate aid and satisfaction to her in her distress. At a time of trouble and in extreme emergency I hold that the best help available at the moment must be obtained and given. In the present instance the mother alleged she had been to several medical men, only to find them out—it was midday. She was told that I was out also. "Oh, cannot you come and tell me whether my baby is dead or no?" "Yes, I can, and I will, and the doctor shall follow on." Really, Sirs, need I say anything more?

I am, Sirs, yours faithfully,
Stockwell-road, S.W., Feb. 9th, 1896. JOHN P. HENTSCH.

A MISCHIEVOUS IMPERSONATION.

To the Editors of THE LANCET.

SIRS,—It has just come to my knowledge that a certain person, who will shortly be charged with the offence, has been writing to two medical friends of mine begging for money. He signs himself by name and represents that I am in monetary difficulties and about to resign my practice at Ladbroke-grove, which, of course, has no foundation in fact. As probably he has written to many others besides the two I have knowledge of, will you kindly insert this in your paper?

I am, Sirs, yours faithfully,
76, Ladbroke-grove, W., Feb. 10th, 1896. G. L. TURNBULL.

"EXAMINERS AND EXAMINEES."

To the Editors of THE LANCET.

SIRS,—May I trespass on your valuable space for insertion of the following facts, which I have no doubt will be of as much interest to examiners and candidates alike as they were of painful experience for me? At the recent (January) final examination of the Conjoint Board for the diploma of M.R.C.S. and L.R.C.P. I was a candidate. At the *viva-voce* in medicine I took my seat opposite a certain examiner (whose name I shall not mention here) who by his manners caused me to become considerably perturbed and nervous, and, as the following will show, brought me within an ace of losing my temper and as a certain sequence my chances of success in examination. Now, some candidates have had the bitter experience, from time to time, of being bullied by examiners, but few, I am glad to say, have had the unique privilege of being grossly and unreasonably