

Bill has been placed on the statute book, but it does not appear to have answered the expectations of its supporters. It is very desirable that in any future legislation on this subject the necessity of providing for the payment of medical men called to the assistance of midwives should not be lost sight of. By its recommendations to the Privy Council the General Medical Council has helped this matter forward.

In conjunction with the other Direct Representatives I have urged on the Council the fairness of adding to the number of Direct Representatives, which might be done by representation to the Privy Council. This is becoming more and more desirable, as almost every session there is an additional representative added for some new university and so diminishing the relative voting power of the Direct Representatives, which has always been absurdly inadequate. Although the Direct Representatives are out-voted on every occasion when the interests of the universities and corporations are in danger, yet there is no doubt their influence has been felt, especially in those cases in which medical men have been brought before the Council who have sought to obtain unfair advantage over others by canvassing and advertising themselves. The Council cannot be made truly representative of the profession unless a new Medical Act is obtained which should, *inter alia*, very considerably increase the number of the Direct Representatives. This can be done without increasing the aggregate number of the members of the Council—viz., by grouping some of the universities and corporations and giving them alternative representation. It would only be fair in any fresh arrangement of the Council that the dentists, who contribute largely to its funds, should have adequate representation. More stringent clauses should be introduced to check illegal practices. Personally, I think that if the legal phraseology was adopted—viz., that no one should use any colourable pretence that he was qualified to practise medicine or surgery, it would cover a great deal. The finances of the Council are now on a more stable foundation owing to several small modifications as to fees for registration, also to an increased revenue from the property of the Council, and lastly, to the somewhat lessened time taken by the Council in doing its work. More and more work is done by the committees whose work does not loom so much in the eye of the public.

I may claim to have assisted in the work of the committee of the Diploma of Public Health and also of another important committee which was appointed at the instance of Sir John Williams to consider what improvements could be made in the training of medical students for their duties in connexion with midwifery. This committee has made important recommendations to the various medical schools which it is to be hoped will be carried out in the near future. If I am re-elected to the Council I hope to merit the confidence which the profession has hitherto reposed in me.—I am, Sirs, yours faithfully,

Oct. 2nd, 1906. GEO. JACKSON, F.R.C.S. Eng. (Exam.)

To the Editors of THE LANCET.

SIRS,—The election for three Direct Representatives for England and Wales to the General Medical Council takes place in November next. It is my intention in conjunction with Mr. George Brown and Mr. George Jackson, our present representatives, to offer myself for election. Four years ago I contested a seat on the General Medical Council against Sir Victor Horsley, and although I entered on the contest at the last moment and with no organised committee between 3000 and 4000 votes were recorded in my favour. This large poll encourages me to hope that I may be one of the successful candidates at the forthcoming contest. I am a general practitioner of 35 years' standing and I have taken an active part for many years in endeavouring to reform the Royal College of Surgeons and to obtain for the Members some voice in the management of the College. For 14 years I have been president of the Society of Members of the Royal College of Surgeons of England and am also an ex-president of the Incorporated Medical Practitioners' Association.

With regard to my views on medical politics generally, I am in entire agreement with Mr. Brown and Mr. Jackson. I may, however, state that I am strongly in favour of suppressing all clubs and medical aid societies which permit canvassing for members. I would also support an Act of Parliament for increasing the number of Direct Representatives and giving direct representation to the dental profession. As regards the medical curriculum, at present too

much time is given to studying subjects of a theoretical character to the neglect of clinical and practical work.

I am, Sirs, yours faithfully,
JOSEPH SMITH, J.P., M.R.C.S. Eng., L.M.,
L.S.A. Lond., D.P.H. Camb.

Gunnersbury, W., Sept. 29th, 1906.

A REASONABLE PROTEST.

To the Editors of THE LANCET.

SIRS,—I venture to ask your advice in the following matter. On several occasions during the past few years I have had my attention directed to certain instrument makers' catalogues containing illustrations of anæsthetic apparatus purporting to have been devised by me but differing in important details from apparatus which I have designed. On one occasion, at the request of Messrs. Barth and Co., who have for many years manufactured apparatus for me, I wrote to one of these firms and the figures in question were removed from their catalogue. Quite recently, however, Messrs. Barth and Co. have again drawn my attention to a catalogue of an Edinburgh firm (herewith inclosed) in which, as you will see, my name prominently appears in connexion with several inhalers, some of which are different in principle to those which I advocate.

Two points present themselves. Firstly, to what extent are instrument makers whom the author or deviser of an instrument has never employed, and perhaps never heard of, justified in using that author's name without permission? and secondly, is it right that such manufacturers should supply the profession with apparatus copied, and often very *incorrectly copied*, from apparatus made by the particular firm originally selected by the deviser? I am inclined to think that the whole medical profession would be glad of some pronouncement from you upon these points. There must be many medical men who, like myself, have devised certain medical or surgical appliances who, after numerous experimental models have been made, either at their own expense or at the expense of the manufacturer, have published full details of their perfected appliances; and who are naturally anxious that if others should do them the honour of trying their instruments they should be supplied with faithful reproductions of the original. It seems to me that such medical men have a right to object to their names being associated with any apparatus or appliance which would not meet with their approval.

In the particular case which I have ventured to put before you not only has my name been freely used without my permission but several of the inhalers with which it is associated are actually constructed upon principles which I have condemned. Moreover, I am inclined to think that a great injustice is being done to Messrs. Barth and Co. who, over a period of several years and at their own expense, have made numerous experimental appliances for me before finally producing satisfactory models. Is it fair or right that another firm should endeavour to supply to the medical profession under cover of my name, used without my consent, apparatus which can only be described as an inaccurate imitation of the original, which original was approved by me? I should be very sorry to see any general movement in favour of medical men who design medical or surgical appliances having the smallest commercial interest in them, either by way of patent or otherwise. Nor do I altogether like the idea of the name of a medical man being associated with an apparatus patented by the manufacturer. Is there no way by which the respective interests of the profession at large, the medical man who designs an apparatus or appliance, and the original makers of such apparatus or appliance may be safeguarded?

I am, Sirs, yours faithfully,

London, Sept. 28th, 1906.

FREDERIC HEWITT.

* * In the face of such a protest the manufacturers in question will, we are sure, remove the errors from their circular. A very interesting question to medical men has been started by Dr. Hewitt. His apparatus are made for him by a manufacturer selected by himself, who takes pains to reproduce the inventor's ideas, and who has spent money upon the mechanical perfecting of those ideas, the making of trial drawings, trial models, and so on. Such a manufacturer, who is a true coöperator, ought, Dr. Hewitt thinks, to obtain some protection or monopoly in the sales.

Dr. Hewitt cannot, of course, patent the instruments himself, and we are sure it is quite unnecessary to say that he receives no pecuniary profit whatever by the sale of his instruments, and does not desire to do so; but he does desire that his instrument maker should receive the legitimate reward for his work. He is also anxious—and naturally, both as medical man and as scientific inventor—that the profession should not purchase under his name instruments only distantly resembling his apparatus. The employment of these instruments, from his point of view would be attended with risk, and he does not intend to be associated in the eyes of medical men with possible accidents.—ED. L.

OPERATIVE TREATMENT IN INSANITY.

To the Editors of THE LANCET.

SIRS,—I have already in several lectures and papers discussed many of the questions put forward by Dr. C. Mercier in his letter in THE LANCET of Sept. 22nd, p. 831, and perhaps Dr. Mercier may remember (for he was present) that at the meeting of the British Medical Association at Bournemouth I placed the question of the justifiability of trephining in general paralysis before the psychological branch, when, on the motion of the late Dr. Hack Tuke, it received the stamp of permissible approbation. What Dr. Mercier describes as a result of the operation—"a permanent gap in the brain-pan"—is a forcible way of stating what does not occur, at least in my experience. I have never seen such a "gap" as he imagines; indeed, the hole made by the trephine instrument is eventually firmly sealed and the patient is quite protected from liability to injury. As to what may be seen of the condition of the brain and membranes after the removal of the bone much of course depends upon the extent to which the operation is carried. I can only say that when the skull opening has been free, I have seen, especially after incision of the dura mater, conditions of membrane which were indicative of congestion, inflammation, and pressure, and, if necessary, corroborative evidence on this point could be given by the surgeons who actually performed the operations. As to Dr. Mercier's demand for "evidence of increased cranial pressure in insanity," there was certainly plenty of evidence in some of the cases operated upon, for when the bone was removed the parts of the brain and membranes rose up into the hole in the form of a tense tumour; indeed, I remember particularly that in one case there was no pulsation of the brain to be noticed until after the dura mater had been opened and the fluid had drained away, whereupon pulsation returned.

Mr. Harrison Cripps was so persuaded of the absolute presence of pressure in some (not all) of the cases upon which he operated that he proposed a large removal of bone and subsequent drainage by placing a tube between the cavity of the arachnoid and the outer skin, and that this mode of drainage was possible was proved by one case in which from a tube so placed drainage of cerebro-spinal fluid went on for a considerable number of hours. I have elsewhere given reasons for thinking that the timely removal of pressure would prevent the "swollen nerve cells and disintegration of fibres" of which Dr. Mercier speaks, and as to the preference to be given to lumbar puncture I would readily yield because the principle being allowed the operation is more simple and not so expensive, though lumbar puncture would not satisfy in every case the conditions for which I have urged the intervention of the surgeon. In a paper read a little time since before the Medico-Psychological Association I mentioned cases where there was reason to believe that the delusions were the result of hallucinations arising from disease or derangement of the sensory centres and early operation was discussed with the view of examining the particular centre involved and if possible of applying local remedies to it. It afterwards appeared that I had been anticipated in this recommendation by a prominent surgeon in Liverpool who, in one of the medical journals (I think), gave the result of his work. I have at this moment under observation a lady in whom the delusions which she exhibits appear distinctly traceable to hallucinations of hearing and the advisability of exposing the particular brain tract supposed to be involved is under consideration, there being many reasons for thinking that a primary lesion is to be found there.

Surgical operation in insanity is not likely to become

general for several reasons; the friends of patients are opposed to what seems to them a formidable remedy, the services of an expert are required and the fees are large, whilst in the case of pauper patients the special surgical skill and the appliances are not always accessible, but that there are occasions when direct contact with the brain is the only true method of dealing with the disease has passed beyond the limit of speculation and is, I believe, a truth which may be accepted. I have seen not only relief and (probably) prolongation of life from the selected recourse to it, but I have seen, and have reported, cure due to the relief afforded by operation.

By your courtesy I am very glad to have this opportunity of replying in some measure to Dr. Mercier's very reasonable inquiries and also of bringing forward the discussion of a procedure which has been largely adopted in Germany and which is, I think, worthy of more consideration in this country than has been given hitherto to it. My object in writing an answer to "M.R.C.S." was not to provoke a discussion with Dr. Mercier but to point out the danger of tying the carotid artery and to explain the manner in which operation might be useful after the failure of other remedies. If "M.R.C.S." desires a detailed explanation of the *pros* and *cons* on the whole question of operation in insanity I beg to refer him to some of the chapters in my book "Ex Cathedra."

I am, Sirs, yours faithfully,
Harley-street, W., Sept. 25th, 1906. T. CLAYE SHAW.

THE FINANCIAL SIDE OF ARMY HOSPITALS.

To the Editors of THE LANCET.

SIRS,—The reforms of the last 30 years have placed the entire control of our military hospitals in the hands of the officers of the Army Medical Service. The whole responsibility for discipline, medical care, and stock-keeping is now rightly in their hands. One important factor in administrative efficiency is still in the background—I mean a full knowledge of the financial details of the hospitals by the medical officers. This financial side is sure to be fully inquired into in the near future and I desire to invite medical officers to study it thoroughly. In studying finance the cost of structural maintenance can be obtained from the Royal Engineers' Works Department. The pay of officers and staff is easily made out; the cost of rations and supplies comes from the Army Service Corps; the laundry charges—fuel, light, and water expenditure—are easily obtained; the medical department can supply the cost of medicines; charges for stationery would come from H.M. Stationery Office; and gardening charges from the Royal Engineers. The summing-up of these various groups would, I think, fairly cover the charges for maintenance of the institutions. I commend to the attention of all medical officers the forms printed by Waterlow and Sons, Limited, London Wall, London, obtained for a few pence, and made out to meet the demands of the Hospital Sunday Fund as to the expenses of hospitals in civil life. They show the various headings of expenditure and receipts, which latter in the army would be the hospital stoppages paid by the officers and men under treatment in the hospitals. No doubt an army form similar to Messrs. Waterlow's form should be issued officially and the cost per bed per annum formally shown. A just economy is the "conscience" of administration and by mastering the financial side of their responsible duties medical officers would be still more fully qualified on retirement from the army for the secretaryship of hospitals, an appointment to-day in the hands largely of amateurs, but awaiting the coming of the specialist. Until the medical officer knows still more accurately the cost of maintenance per bed per annum his complete knowledge of the institution in his charge will be defective.

A comparative table of cost of army hospitals in England, the colonies, and India should be easily forthcoming and would be interesting outside the confines of the army. The cost per bed of naval hospitals should also be easily obtainable. Even the cost of the Sepoy hospitals in India, so primitive and undeveloped, would be worth inquiring into. They would gain, I have no doubt, first prize for actual cheapness, but cheapness *per se* is not to be desired, it is "cheapness with efficiency." The "stoppage" system of the army is sure in the near future to become the model on which municipal hospitals will recover from patients the cost of their maintenance. When