

Medical Charge of the Regiment. Surgeon-Lieutenant D. R. Green, Officiating Civil Surgeon of Saugor, to the Executive and Medical Charge of the Saugor Gaol. Surgeon-Major R. R. H. Whitwell, Civil Surgeon of Darbhanga, to act as Civil Surgeon of Gaya until further orders. Surgeon-Captain C. C. Cassidy, to act as Civil Surgeon of Nadia until further orders. Surgeon-Captain F. C. Clarkson, to act as Civil Surgeon of Faridpur. The services of Surgeon-Captain F. J. Dewes, I.M.S. (Madras), are placed temporarily at the disposal of the Chief Commissioner of Burmah. Brigade-Surgeon-Lieutenant-Colonel G. C. Ross, to officiate as Administrative Medical Officer and Sanitary Commissioner of the Central Provinces. The services of Surgeon-Colonel G. Thomson, M.B., Administrative Medical Officer and Sanitary Commissioner of the Central Provinces, are replaced at the disposal of the Military Department. The services of Surgeon-Captain J. M. Crawford, M.B., C.M., of the I.M.S. (Bengal), are placed temporarily at the disposal of the Government of the North-West Provinces and Oudh. Surgeon-Major M. F. Macnamara, M.S., to be Civil Surgeon of the Shwabo District in addition to his military duties. Surgeon-Captain W. Vost, M.B., C.M., I.M.S., to be a Supernumerary Civil Surgeon, 2nd class, and to be posted to the Civil Medical Charge of the Bahraich District. The Hon. Brigade-Surgeon-Lieutenant-Colonel A. S. Lethbridge, C.S.I., M.D., I.M.S. (Bengal), Resident of the 2nd Class and General-Superintendent of Operations for the Suppression of Thagi and Dakaiti, is granted privilege leave for two months and twenty-nine days, from July 19th, 1893. Surgeon-Lieutenant-Colonel C. W. MacRury, I.M.S., is promoted to Brigade-Surgeon-Lieutenant-Colonel.

Surgeon-Colonel Warren succeeds Surgeon-Major-General Webb as Principal Medical Officer in Bombay, the latter officer being retired from the 6th inst.

NAVAL MEDICAL SERVICE.

Fleet-Surgeon Edward Julian Sharood, M.D., has been placed on the Retired List, with permission to assume the rank of Deputy-Inspector-General of Hospitals and Fleets.

The following appointments are announced: Surgeon Reginald T. A. Levinge to the *Rupert*, lent temporarily. Surgeon and Agent: Daniell O'Driscoll at Crookehaven.

VOLUNTEER CORPS.

Rifle: 1st Volunteer Battalion, the Hampshire Regiment: Surgeon-Captain C. F. Webb, M.D., resigns his commission.—4th (Perthshire) Volunteer Battalion, the Black Watch (Royal Highlanders): Surgeon-Lieutenant R. Stirling, M.D., to be Surgeon-Captain.

DEPUTY-SURGEON-GENERAL S. B. PARTRIDGE.

Officers of both the Indian Medical Service, to which Deputy-Surgeon-General Partridge belongs, and of the British Medical Service will be glad to learn that the Queen has been pleased to approve the appointment of this officer to be a Companion of the Order of the Indian Empire, on the occasion of his retirement from the post of the Indian Medical Board. Deputy-Surgeon-General Partridge's professional ability and attainments are of a high order and his career in India was a distinguished one and highly creditable to the service to which he belongs.

THE SANITARY IMPROVEMENT OF CANTONMENTS IN BENGAL PRESIDENCY.

We learn from the *Pioneer Mail* that the Government of India have granted 91,000 rupees for the sanitary improvement of cantonments in the Bengal Presidency. One-tenth of the sum is to be devoted to experiments with incinerators.

TYPHOID FEVER AT MUNICH.

It is reported that 650 men, or a third of the effective strength of a regiment of infantry of the Guards stationed in barracks at Munich, have been attacked with typhoid fever. Twenty-two men have already died, 177 have recovered, and 445 were under treatment at the date of the last report. It will be remembered that many years ago Professor Pettenkofer made some extremely interesting observations on the rise and fall of the ground water at Munich. His observations on the wells led to the discovery that in Munich there is a very close connexion between the state of the ground water and typhoid fever, and that outbreaks of this fever occurred when the ground water was lowest and especially when, after having risen to an unusual height, it had rapidly fallen. Assuming the existence of this connexion, it is considered by some authorities to be susceptible of different explanations in different cases. The low state of the ground

water, for example, may give rise to fouling of the drinking-water. Professor Pettenkofer considers that, besides a rapid sinking of ground water after an unusual rise, the impurity of the soil from animal impregnation, the heat of the soil, and the entrance of a specific germ are necessary factors. No doubt observations have been made during the present outbreak of fever and the publication of the results will be anticipated with interest.

THE COMMISSION TO INQUIRE INTO THE WORKING OF THE CANTONMENT ACT IN INDIA.

A Commission has been appointed by the Indian Government to inquire into the allegations that have been made regarding the working of the Cantonment Act in relation to the Contagious Diseases question. There is no military officer associated with the Commission, except Surgeon-Colonel Cleghorn, Inspector-General of Hospitals in the Punjab, who has always been employed in the civil branch of his medical service. The three members of which the Commission is composed will visit military stations in the Punjab and Upper India, examine the cantonment hospitals, inspect the records and otherwise make a thorough investigation of the working of the system of dealing with a certain class of contagious diseases in India.

THE LATE SIR JOHN HUDSON, K.C.B., COMMANDER-IN-CHIEF OF BOMBAY.

The death of this officer from an accident following so closely upon that of Sir James Dormer has created a painful sensation in military circles. It is certainly a remarkable circumstance that two Commanders-in-Chief should have died within a short time of one another from the result of accident—the Commander-in-Chief of the Madras Army from wounds inflicted by a tiger and Sir John Hudson from being thrown from his horse at Poona. It appears that the animal stumbled badly and Sir John Hudson fell upon his head and fractured the cervical vertebræ, dying immediately. The deceased officer was first seen by an apothecary from a regimental hospital in the immediate vicinity of the accident and almost directly afterwards by Surgeon-Captain Sutton. Sir John Hudson had a long and very distinguished war service and was well known to many medical officers of the Indian and British Services. He had been appointed quite recently to the Bombay command.

Correspondence.

“Audi alteram partem.”

“MIDWIVES’ MIDWIFERY.”

To the Editors of THE LANCET.

SIRS,—The following two cases of malpraxis by midwives add emphasis to the necessity for legislative interference with the existing state of midwifery amongst the poorer classes. The first one occurred at Trimmingham and was reported in the *Norfolk Daily Standard* of the 19th inst. Mr. Fenner, of Cromer, who was called in when the patient (a fine young woman of only nineteen years of age) was moribund, has kindly sent me some additional particulars of the case. He was called in on the sixth day after labour, and found that no notice had been taken of her sufferings and that no palliative treatment had been attempted to relieve them, although she had not made any progress after a protracted and severe labour and had been in great pain for some days. The midwife, who was seventy-four years of age and had been in practice for twenty-four years, said (at a time when a post-mortem examination was contemplated) that she had removed the placenta whole; but Mr. Fenner, having noticed several suspicious deaths in the neighbourhood where either no inquiry had been held or no medical evidence called, had arranged with the rector (the Rev. W. Tatlock) that he should be placed on the jury. Being appointed foreman, he insisted both on medical evidence and a post-mortem examination being held. This revealed the presence of one-third of an unattached placenta in the uterus with general suppurative peritonitis. The child (illegitimate) has so far survived. Both midwife and mother were censured. The second case occurred in Bermondsey and was briefly reported in the *Echo* and in the *Morning*, and Mr. Bhedwar of Southwark Park-road, who was called in when the patient was dying, has been good enough

to furnish me with some further particulars of the case. Difficulty of breathing was noticed during the labour by the midwife, but was regarded as being of no importance, as also was the fetid discharge, which betokened the presence of retained placenta, and the midwife explained that she did not call in medical advice because "some people object because they can't pay." On post-mortem examination two pieces of placenta were found in the uterus; and there was double pneumonia also present. The child died on the third day from pneumonia. It appeared that this midwife was in the habit of giving certificates of deaths, which were accepted by the local registrar; yet her knowledge was so small that she seems not to have had the slightest conception of the grave condition of her patient on the very day she died. Both of these midwives continue to practise. These cases well illustrate the terrible state of midwifery amongst the poorer classes.

I am, Sirs, faithfully yours,

ROWLAND HUMPHREYS.

Fellows-road, N.W., June 30th, 1893.

THE WATER-SUPPLY OF EGYPT.

To the Editors of THE LANCET.

SIRS,—I am sorry to see that your Egyptian correspondent approves of the project for damming up the superfluous flood-water of the Nile in the bed of the river itself. To the true sanitarian any system for storing drinking-water where it is liable to pollution cannot be wholly satisfactory, and it is beyond question that until the habits of the riparian dwellers can be completely altered they will continue to make use of the bed of the stream as a common sewer and receptacle for filth. It may be argued that the volume of retained water will be great and that the amount of fouling will be relatively small. This I freely admit, and were no other plan for storing water available I would welcome the present proposal as likely to lead to advantageous results. It must not be forgotten, however, that there is another totally distinct scheme on the *tapis*, by means of which the pure water from the Abyssinian mountains would be kept till wanted in a perfectly suitable reservoir far removed from the slightest danger of contamination. I allude, of course, to the Wady Raiyan project, so ably advocated by Mr. Cope Whitehouse. For some inscrutable reason this scheme, though pronounced perfectly feasible by competent engineers, is looked on with disfavour in high places; but it is nevertheless the one which all who have the real interest of the country at heart should support to the utmost of their power. Anyone who has seen the Nile at flood time must acknowledge the enormous power of the current it is proposed to restrain by dams. No doubt the work presents no insuperable difficulties from an engineering point of view, but dams in the course of a river are always more or less a source of danger. This, however, is not the point on which I would chiefly insist. The question is, Why should water be stored in reservoirs where it would be liable to pollution when there exists a site—perfectly suitable in every respect—where it would be entirely safe? There is absolutely no water in Egypt except what comes from the Nile; it behoves those in authority, therefore, to make sure that the supply is kept as pure and free from danger of contamination as possible.

I am, Sirs, yours truly,

Hereford-road, Southsea, July 1st, 1893.

H. R. GREENE.

"MEDICAL AID ASSOCIATIONS."

To the Editors of THE LANCET.

SIRS,—There are one or two points in reference to this discussion which I should be glad if you would kindly allow me to note. Your correspondent who signs himself "Verax" states "that the medical profession appears to be suffering acutely at present from the disease of excessive competition, and it is *obvious*" (the italics are mine) "that the cause of this is that we have too many medical men for our population." Personally I should not regard the preponderance of medical men to the general public as in any sense an "obvious" cause of competition. On the contrary, it would seem to me, judging from the large amount of contract work and the system of many medical men keeping two or more establishments, that there is rather a tendency to engage in more work than can be performed, which in reality means that there are more patients than can be attended to, and this

indeed is one of the indictments against the associations in question. The fact is, Sirs, the true cause which renders our profession a beggarly one consists in the circumstance that "the struggle for existence" is amongst all classes so keen nowadays that a large majority of those who in bygone times might be said to have formed the backbone of general practice can no longer conveniently remunerate medical men, and only those who are actuated by good principle will attempt to do so, the consequence of this being that the vast majority are too ready to avail themselves of the first bait which offers itself in the market, whether it be a sixpenny dispensary, club, or insurance or medical aid association, and as a logical sequence the small fees under contract and dispensary work make it necessary to have so many patients in order to realise an income. Experience has taught us, and painfully too, that fees are now at their lowest ebb—at least, it is impossible to conceive that they can ever be lower—and our aim, I think, should rather be an attempt to raise these than to barricade the profession by any methods such as "Verax" suggests; we should, by thus raising the fees, be enabled to diminish the number of our patients rather than increase them, and thereby render our work less laborious, at the same time providing work for those who, according to "Verax," are superfluous by virtue of their number. How this is to be done, however, is quite another question. I also note that your correspondent, Mr. J. B. Pike, in speaking of contract work, appears to advocate a somewhat illegal and, therefore, untenable doctrine, because he says: "Let all medical men refuse to accept as club patients those who are able to pay moderate fees." No doubt if this could—but it cannot—be carried out contract work might be of some benefit to all the contracting parties. It is quite evident, however, that a medical man has no option in the matter of refusing club patients, except on the ground of ill-health, when applying for membership, and in many cases even the examination is dispensed with. Having, therefore, once accepted contract work, he is no longer a free agent, but becomes a legal servant to the club or otherwise and consequently has no control in the internal organisation or administration of the work; his refusal to attend a patient under the pretext that he or she could afford to pay more would probably soon land him within the clutches of some petty litigation. But possibly I misapprehend Mr. Pike.

I am, Sirs, yours &c.,

Queen's-road, July 1st, 1893.

CLEMENT H. SERS.

To the Editors of THE LANCET.

SIRS,—Even if "Medicus" could substantiate his statements in relation to hospital treatment, it seems strange that because in his opinion abuses exist in certain institutions he should approve of their presence in connexion with medical aid societies, for that is what his letter practically amounts to.

I am, Sirs, yours &c.,

FREDK. W. COLLINGWOOD,

Devonport, June 26th, 1893.

Surgeon, R.N.

TREATMENT OF HÆMOPTYSIS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of January 21st, 1888, I recorded in your columns of "Clinical Notes" a case of hæmoptysis treated by hypodermic injection of ergotin, and I there mentioned that the patient vomited freely after some very alarming symptoms had supervened, which I thought were due apparently to the administration of the drug named. I also noted that there was no recurrence of the bleeding from the lungs and that there was a complete recovery from all bad effects. I am now inclined to believe that the hæmoptysis was checked through the action of the ergotin in producing an extreme degree of nausea quickly induced, which would also account for the alarming syncope it gave rise to in my patient. I am the more fortified in this opinion since reading Lecture XXIX. in the late Professor A. Trousseau's Lectures on Clinical Medicine, delivered at the Hôtel Dieu, Paris (New Sydenham Society's Edition, 1870). He laid considerable stress upon the use of powder of ipecacuanha in somewhat heroic doses, giving in the case of an old man aged sixty-two doses of rather more than a drachm which were repeated within a short interval so as to cause violent vomiting. He stated that frightful hæmorrhage from the lungs in this man had occurred within the space of