

practitioner, more especially the younger members, after being schooled in the practice of antiseptic surgery, can often be as sure of obtaining primary union as the consultant and that without stitch abscesses. I myself do all my own operations and carrying out the precautions and directions given in Lockwood's "Aseptic Surgery" have obtained primary union in all cases—e.g., removal of adenoma from the breast, radical cure of hydrocele and hernia, removal of tuberculous glands in the neck, removal of dermoids over the eye, &c. What more could any surgeon obtain? This belittling of the general practitioner leads to such a state of affairs as the following. A general practitioner is called to see a patient who has fractured the greater tuberosity of the humerus. The general practitioner informs his patient that his arm is broken and the patient at once says that he must have the best man down from London. A consultant comes down, the patient has an anæsthetic, his arm is examined, and the diagnosis is confirmed. Of course, the result is that much more effusion is thrown out which has to be got rid of by massage, &c., and the consultant pockets a fee of 10, 20, or more guineas, practically for doing what was absolutely unnecessary and yet never sees the patient again. All the hard work and important massage, &c., have to be done by the general practitioner with the result of a good useful arm.

Surely, if a general practitioner is enthusiastic over surgery and will take endless pains to get all his instruments, dressings, sutures, &c., absolutely sterile and can be absolutely sure of primary union, why should he not attempt it? There are so many people who cannot afford a consultant's fee for operation and yet do not care to go into a hospital. Why should not the general practitioner take a smaller fee and give the patient as much satisfaction as if the operation were done in a hospital? The whole crux of the question, aseptic *v.* antiseptic surgery, is this, You cannot possibly do without using antiseptics and the best results, whether in hospital or private practice, are obtained by combination of both heat and chemicals as mentioned by both Mr. Watson Cheyne and Mr. C. B. Lockwood.

I am, Sirs, yours faithfully,

London, June 3rd, 1903.

ROBERT HENDERSON.

SPITTING IN PUBLIC-HOUSES.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of May 16th, p. 1401, Dr. Sidney Davies refers to public-houses as being fruitful sources of phthisis. Allow me to emphasise his remarks by drawing attention to another aspect of the same subject. There is a widely spread custom, especially in old inns, of using spittoons containing sand, sawdust, malt-dust, &c., which are dealt with in ways more or less insanitary. A few days ago while cycling I experienced an object lesson not easily forgotten. Outside a charming old inn was arranged a row of wooden spittoons. These, with their filthy contents, were placed on benches in the sun to dry and after a superficial sprinkling of sawdust were replaced in the bar, &c. Such a condition is doubtless the result of ignorance and very simple measures need be taken to correct such misuse of the spittoon method of dealing with expectoration.

I am, Sirs, yours faithfully,

Devonshire-street, W., June 4th, 1903. WYATT WINGRAVE.

THE DIRTY FOUNTAINS IN TRAFALGAR-SQUARE.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to say a few words on this from the point of view of the design of such spaces in cities? For years I have seen these huge and ugly basins with regret and put down to our British toleration of ugliness that the most used of any open space in London should be so degraded. Apart from the filth of the water the square is wholly wrong from the point of view of good and simple design. If we are to have such breathing spaces in crowded cities surely it is only plain reason to ask that they be not merely to add to the areas of asphalt and stony surfaces with which we are already amply supplied? The mistaken idea of these huge fountain basins is taken from cities like Rome with a long and hot summer. Fresh and delicious water coming from the hills

and tumbling into the hot places of Rome, supplying the people with water and cooling the hot streets, was a necessity, and Roman artists made their fountains worthy of their great use and of the city of Rome. But in our cool and moist country there is no need, artistic or other, for the introduction of huge water-basins of this character and we may see the hideous result in other places as well as Trafalgar-square—for example, the head of the Serpentine.

On the other hand, we have evidence, both in London and other cities, that such small places may be fresh and beautiful, even in the smoke. There is surely enough work for our architects to rebuild our houses and cities without despoiling open spaces which with a little thought and care might add to the beauty of the town. Even their own true work suffers as such "architectural gardening," as it is called, offers no relief to buildings as even poorly planted squares do. The spaces about Trafalgar-square are so wide and airy that there is not the slightest occasion to leave a wide spread of asphalt towards the middle. There might be two lines of trees on the upper terrace and the tramps who now defile the whole place should be kept to that or some other fixed place and not occupy, as they do, the best place in the square. The warm side would be a happy place to grow the flowers that in our climate enjoy and need the sun. Even without any great change of plan the great basins would form noble flower-beds, but the best and most dignified way would be to make a clearance of the whole central block of asphalt, &c., and plant trees and shrubs. Let anyone who looks at this square in its present state go and look at some of the smaller squares in the West Central district and then compare the effect. The gardening in the squares of London is the worst of any city in Europe—men digging and muddling about overgrown privet and like rubbish—yet the trees save the situation as they would Trafalgar-square. The effect need not be in any doubt, because we have plenty of evidence already that trees that thrive in London may adorn such places.—I am, Sirs, yours faithfully,

Lincoln's Inn-fields, June 8th, 1903.

W. ROBINSON.

THE USE OF THE SINGLE CUP AT THE CELEBRATION OF HOLY COMMUNION.

To the Editors of THE LANCET.

SIRS,—In view of the interest which this subject is awakening and for purposes of information in a forthcoming local discussion on the subject I should be glad if any of your readers who have been able to trace the spread of disease to the promiscuous use of one cup at the celebration of Holy Communion would kindly place a record of their experience at the disposal of the public. I venture to think that there is a strong *prima-facie* case against the use of one cup, but the task of the hygienic innovator would be made much easier if he could cite actual examples of contagion.

I am, Sirs, yours faithfully,

Rochdale, June 9th, 1903.

J. H. BRITAIN.

PENAL CASES AT THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—Reading the report of the meeting of the General Medical Council in THE LANCET of last week I notice that at least two of the cases before the Council of charges of infamous conduct were adjudged not proven against the supposed offenders and the President in delivering judgment did not even caution these gentlemen, so that one may assume that the charges completely fell to the ground. I do not know precisely who or what person or body in either case was answerable for these gentlemen appearing before the Council, but it is quite evident that some person or persons outside of the Council must have laid these charges for the Council to adjudicate upon and that each of these practitioners must have been put to considerable expense to refute them, that they must have suffered great mental worry and been caused much trouble. There will be also in the minds of a great many a stigma attached to the names of these gentlemen which it will take some time to efface.

I want to ask, therefore, in the interests of the whole profession, if either, or both of these gentlemen, having been declared innocent of the charges made against them, has any redress? Can they ascertain who was responsible for the

prosecution (or shall I say persecution?) and go for damages in the civil court for defamation of character? It is evident that if charges can be made to the Council by any irresponsible person no member of the profession is safe. I am sorry to take up your valuable space but I think that this is a matter of great importance in the light of your report of the meeting of the Council last week.

I am, Sirs, yours faithfully,

THOMAS MARSHALL, L.R.C.P. & S. Edin.,

London, June 1st, 1903.

L.F.P. & S. Glasg.

** Our correspondent raises a most important question and one upon which no off-hand opinion can be expressed. He is wrong, surely, in believing that a practitioner accused before the General Medical Council of professional offences remains in ignorance of the name of his accuser.—ED. L.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Physical Unfitness of Volunteers in India.—The Plague Epidemic.—Nursing Arrangements at the Jamsetjee Jeejeebhoy Hospital.

THE physical defects which would incapacitate so many of the volunteers at home from active service appear to be still more marked among the volunteers in India. The 800 unmounted volunteers who were at the Delhi durbar afforded to Surgeon-Lieutenant-Colonel J. S. Brooke an opportunity of showing in his report various particulars of the general physical condition of the men under his charge. In all 333 men came on sick parade—a very large proportion out of 800 considering the short time during which they were on duty and the fact that their work was almost entirely ceremonial. 14 were sent home as totally unfit for any service. Surgeon-Lieutenant-Colonel Brooke says that the extremely weedy appearance of the volunteers confirms him in the conviction that all volunteers should be medically examined before being enrolled. He has no hesitation in saying that on field service fully 35 per cent. of the men at Delhi would have been useless. In this connexion it must be remembered that the volunteers in India are largely composed of men of mixed blood—in fact, the cry has gone up that in some corps there is very little distinction between the men and the natives, and even that in many cases typical natives have been admitted. This is a serious question, because the volunteers in India are more likely to be called upon for duty than are those at home and physical unfitness in so large a proportion would cause us to live (if the volunteers here are to be of any use) in a fool's paradise. There are very few corps solely composed of men of pure British blood and these are the few crack corps in the country.

The mortality returns for Bombay city are now rapidly returning to a more normal standard. The deaths from plague have rapidly declined in number during the past few weeks, but the extraordinary feature of the Bombay returns is the fluctuating mortality from pulmonary tuberculosis and diseases of the respiratory organs. There is little doubt that plague is reported under the heading of chest complaints and that these fluctuating records are the fruit of inaccurate registration. Plague seems, as it were, to leave Bombay by the north of the island as, while declining in the city, it attacks the villages to the north very severely. The epidemic of plague throughout India has been the subject of some general influence. The outbreaks in various places have declined rapidly during the past few weeks and although Karachi is still badly affected, as are some parts of the Punjab, the disease is everywhere else subsiding. Very little inoculation work is being done for plague, still less for cholera, and that for typhoid fever is now, for the army at any rate, prohibited.

I reported to you a little while ago the unsatisfactory state of the nursing arrangements at the Jamsetjee Jeejeebhoy and adjoining hospitals in Bombay. In only one-half of the wards of the Jamsetjee Jeejeebhoy Hospital, which were nearly always full, were the patients nursed at all, the remainder being left to the tender mercies of ward boys and ayahs. Mr. and Mrs. Crowe took up the task of improving this condition of things and a large sum of money has been collected. The nursing fund will now with Government help be very little short of its requirements, but the nurses'

quarters being very badly wanted Mrs. Wadin (a wealthy Parsee lady) has undertaken to build them. A serious reproach to the present generation of Bombay citizens has thus been completely removed.

May 23rd.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

The General Hospital: Endowment of a Bed by a Football Club.

THE famous Aston Villa Football Club is well known to all persons taking any interest in a sport which attracts the attention of so many during a large portion of each year. It will, however, be news to most that, in addition to taking a high place in the world of athletics, this club gives considerable sums in aid of charities of various kinds, the sum actually contributed during the past 11 years amounting to about £20,000. The last exhibition of its generosity took place on June 5th, when a cheque for £1250 was handed over to the committee of the General Hospital for the permanent endowment of a bed in the accident ward of that hospital. The history of the raising of this sum is of interest. In 1899 Mr. Margoschis, who had long been one of the directors of the club, retired from that position and in order to mark its sense of the services which he had rendered it was decided to present him with a sum of £100. Mr. Margoschis, instead of accepting the gift for himself, expressed a wish that it should form the nucleus of a fund to be raised permanently to endow a bed in the hospital. The result of many efforts during the past four years has been that the sum has now been raised and a deputation from the club was present at the meeting of the committee of the hospital held last week when a cheque, as above stated, was handed to Mr. Hugh Smith, the chairman of the committee, by Mr. Margoschis himself.

Education Committee.

In a previous letter I mentioned that the education committee had advertised for a superintendent of special schools who might either be a medical woman or a person with special knowledge of this particular class of schools and I expressed the hope that a member of the medical profession might be selected for this post. At the last meeting of the committee this hope was realised by the appointment of Miss Caroline E. O'Connor, M.B., Ch.B. Edin., at a commencing salary of £150 per annum. In proposing her election, Mrs. Pinsent, who is chairman of the subcommittee charged with the care of these schools, said that a few years ago it was supposed that there were comparatively few children in Birmingham who could be regarded as mentally deficient. Inquiries, however, revealed the fact that there were many mentally defective children in the schools whose presence therein had not been generally known. It was estimated that whilst there were between 8000 and 9000 such children in London there were between 800 and 900 in Birmingham. At the end of April, 1902, only 118 were on the register of special classes in this city and it became apparent to the late school board that every effort must be made to trace out the children of this class who were in the ordinary schools. The duties of superintendent were undertaken by the members of the committee but it soon became evident that a special officer must be appointed to take charge of this work; hence the appointment which has just been made. Dr. O'Connor was for some time medical officer of Eday, one of the Orkney islands.

Health of Birmingham during 1902.

The last report—that for the year 1902—which the present medical officer of health, Dr. Alfred Hill, will issue has recently been made public. From this it appears that the death-rate during the past year is the lowest that has ever been recorded in Birmingham and that, as regards the sanitary condition of the city, considerable advance has been made in different directions. The estimated population of the city was 528,521 and the number of inhabited houses was about 110,500. The births recorded during the year were equal to a birth-rate of 31.9 per 1000 of the population. This is a very low figure, in fact, only once—viz., in 1894, when the birth-rate fell to 31.6—has such a small ratio been recorded. The number of marriages registered was 5120, equal to a rate of 19.1 per 1000. The death-rate was 18.0, this being 2.2 per 1000