

to each of these candidates respectively. Plumping is not permitted." The Council received the complaint, they entered it on their minutes, they considered it *in camera*, and from first to last refused (as you duly report) to hear my justification of the use of the words complained of. Under these unusual circumstances, perhaps you will allow me to state that justification in your columns.

In the first place, let me say at once that the statement complained of was made solely on the authority of the General Medical Council itself. The question involved is as follows: An election of direct representatives to the Council was about to begin. There were ten candidates, but only three vacancies. Each member of the medical profession had, therefore, three votes only at his disposal.

The committee formed to secure the return of Dr. Glover, Dr. Woodcock, and Dr. Drage found that some members of the profession were under the mistaken impression that they could plump all three of their votes for one candidate. The committee were aware that this had been decided by the Council to be illegal, but to make the point perfectly certain they wrote to the registrar of the General Medical Council and received from him the following statement (dated Sept. 8th, 1896) in answer to their question, "Is plumping permitted?" "What is known as 'plumping' is not allowable in the election of direct representatives—i.e., a voter cannot give all his three votes to one candidate." Moreover, in 1886, when the first of these elections was about to be held, the Council drafted a series of instructions to voters in the form of questions and answers which were approved by the Council's solicitor and signed by the Registrar on behalf of the President. Amongst these the only reference to "plumping" is as follows:—

"12. Question.—Will plumping pure and simple—that is, one voter giving all his three votes to one candidate—be legal?

"Answer.—No.

"By desire of the President,

"W. J. C. MILLER, Registrar."

Since the election and the regulations for its conduct are entirely in the hands of the Council any mistake that any voter might have made lies solely at the door of the General Medical Council. That Council decided for the purposes of this election that plumping shall mean the giving of three votes to one candidate, and in that meaning and on that authority the word was used by the committee for the return of Drs. Glover, Woodcock, and Drage. In the second document I have referred to above as issued officially by the Council the questions of disfranchisement and vote-splitting naturally find a place, but not as "plumping."

Thus, No. 14 runs as follows:—

"14. Question.—May he give one vote to one man and withhold the other two altogether?

"Answer.—Yes."

This may be "plumping" in some elections and in Mr. Rivington's mind, but it is not "plumping" as defined by the General Medical Council for the express purposes of the election in which we are now involved. Thus, the responsibility of any possible mistake belongs to the Council. Only to their consciousness of this can I attribute the fact that the members of the Council, having refused me a hearing and discussed the matter in secret, came to an inconsequential resolution on a question of which they permitted only one side to be represented.

Yours faithfully,

Cavendish-square, Nov. 30th.

VICTOR HORSLEY.

I wish to add that though this matter was forced upon an unwilling Council by Sir W. Turner and Mr. Wheelhouse on Friday evening, these same gentlemen declared on Saturday morning, without any apology or preface, that in their opinion (!) the Council had nothing to do with the question.

I am, Sirs, yours faithfully,

Cavendish-square, W., Dec. 2nd, 1896.

VICTOR HORSLEY.

A 2500 VOLT SHOCK.

To the Editors of THE LANCET.

SIRS,—The following details of a recent electric accident are interesting and may be useful. On Nov. 20th an electrical engineer was standing on a chair ready to move a reversing switch on the arc lamp side of a rectifier for lighting a series of sixty lamps (3000 volts). He casually placed his hand on the metal cover of an ammeter (which was in series with another sixty lamp circuit) and turning to the left and leaning back to make an observation (still standing on the chair) he placed his left hand on an iron pillar. Now the ammeter case proved to be in metallic contact (accidental) with the light leads, and as the return wire was "earthed" there played through the body from hand to hand a current under a pressure of (nominally) 3000 volts. As a matter of fact, the electro-motive force tested between the points of contact by a Kelvin electrostatic voltmeter proved to be 2500 volts. He says that the first thing he realised was that he found himself standing on the floor, but has no clear idea as to whether he jumped off or was "knocked off." The forearm was "drawn up close to the chest" and the hands clenched. From a little above the elbow downwards he described a "feeling of pulsation" and a violent beating in exact step with the alternators (running eighty-three periods per second). All power of movement below the elbow was absolutely lost, but the arm at the shoulder could be moved from the side. The pulsations, although still retaining their periodicity, soon became less violent, and motor power returned successively in the muscles that move the elbow wrist and fingers. In three minutes

he felt "none the worse." There was no sensation of burning at the moment, but ten minutes afterwards the hands became painful and examination showed a burn on the tip of the middle and ring fingers (l) and on the back of the little and ring fingers (r), with a seared line across the lower portion of the palm. There has been no other effect excepting that he expresses himself as feeling "decidedly better in general health."

Query.—Which current did the body receive? With the contacts named I estimate (by experiment) that the resistance of the body might be 10,000 ohms. Thus, $\frac{2500}{10000} = 0.25$ amperes.

I am, Sirs, yours faithfully,

Mansfield-street, W., Nov. 30th, 1896.

W. S. HEDLEY.

THE MIDWIVES QUESTION.

To the Editors of THE LANCET.

SIRS,—The midwife must always be with us, either because the population among whom she works is too scattered or is too poor to secure the advantages of the medical man's skill, or because a certain number of parturient women have a preference for her. If these parturient women are ready to commit their well-being during the pangs and the uncertainties of maternity to the unskilled, there is no power, present or prospective, to come authoritatively between them and the risk they in many cases ignorantly or carelessly accept. The principle, therefore, which should underlie our efforts to control the practice of the unqualified midwife consists in placing impediments in her way and so of saving some of our suffering sisters from being maimed or from death in the giving of life. With this purpose I would suggest that every uncertified woman who shall attend a parturient patient shall be required to state before the registrar soon after the confinement, or at latest when the birth shall be registered, how it came to pass that she undertook the responsibility of attendance and what it was she did, step by step, during the labour as well as afterwards. This statement should be signed by the informant and scheduled by the registrar. The schedules should be transmitted periodically to the medical officer of health, whose duty it should be to tabulate the particulars and forward them to a central bureau in direct communication with the General Medical Council, if not to the Council direct. The necessity for the midwife to report to the registrar would tend to make her less ready to undertake skilled work with unskilled hands and also to make her employers less ready to engage her; but if not it would produce a mass of facts which could be utilised in ulterior legislation. So much for the uncertified midwife.

Now a suggestion or two relating to the certificated woman. In the first place I would recommend that she should notify each engagement so soon as it is made to a predetermined registered practitioner—presumably that one living nearest to the patient. She should supply him with all needful particulars and at the same time hand him a small retaining fee, his acceptance of which should be the sign of his undertaking the responsibility of attending at her call or at the call of the patient's friends. She should also be ready with a short memorandum from a friend of the patient—probably her husband or some benefactress—that a minimum fee of a guinea will be paid in case of his being summoned. Then as to this midwife's training and her ultimate qualification. She should be able to secure her training, as some do now, at a maternity hospital; but I would add to this method another. A certain number of medical practitioners—say, three or four in a given area—might be together empowered, by individual oral tuition, to impart the needful knowledge to a suitably recommended candidate. After this tuition let her precede or accompany them to a certain number of midwifery cases, say, fifty in all, for practical instruction. This over, and her papers duly signed by her preceptors, let her present herself for examination before a board appointed by the General Medical Council, and upon proof of her fitness let her receive her certificate empowering her to act under some such conditions and limitations as have been heretofore mentioned.

These several suggestions, although more or less crude, do, I think, show a way out of the midwives difficulty; but all the details of these or any other suggestions should, I think, be carefully considered by the General Medical Council, who should be prepared to come to some definite decision, for with the Council alone should that decision rest.

I am, Sirs, your obedient servant,

Kenley, Surrey, Nov. 24th, 1896.

E. DIVER.