

on whom the burden of giving medical certificates to School Board children falls, with a view to a deputation to the School Board on the subject. We shall be glad to receive the names of medical practitioners in the metropolitan area, whether in general or hospital or dispensary practice, who sympathise with us in our desire to make certification effective and to secure due respect to the medical profession. An immediate intimation will oblige.

I am, Sirs, your obedient servant,

JAMES GREY GLOVER, M.D. Edin.

25, Highbury-place, N., Jan. 15th, 1895.

## WOMEN AND THE PROFESSION IN INDIA.

To the Editors of THE LANCET.

SIRS,—With reference to a remark made regarding Zenana work in India at an extraordinary Comitia of the Royal College of Physicians of London,<sup>1</sup> held on Oct. 24th last, that "there was no difficulty in the way of medical men entering the most jealously guarded harems when there was need for their services," it is to be observed that such a remark strictly applies only to Bengalees—i.e., Hindoos of Bengal—in Calcutta and Lower Bengal. These same people when in Upper India strictly seclude their women in harems. I submit that in the North Western Provinces, Oudh, the Punjab, and Rajpootana women of the upper and middle classes of all the various nationalities, Mahommedan women especially, are kept in such strict seclusion in the harems or Zenanas that medical men cannot have access to them. A medical man when requested to treat a native woman is expected to judge of all symptoms by feeling the pulse. A screen is made by holding up a cotton sheet across the room; on one side of the screen are the patient and her female friends, on the other the medical man and her male friends. The patient's hand is then passed under the screen and the pulse is felt; if the tongue is to be examined a slit is made in the screen and the patient thrusts her tongue through it for inspection; if the eyes are to be examined the patient places one eye by turns at the slit; if palpation of organs is requisite the medical man passes his hand under the screen. Stethoscopic examination is made only after the patient has been scrupulously covered so that no part of her person is exposed excepting the part to be examined.

In the troubles of parturition a medical man is either not permitted to render manual aid, or, when permission is granted, it is often too late to save life. I have before me a case of arm presentation in the wife of a Hindoo of the shopkeeper caste; permission was delayed for days, and when examination was made the foetus was putrid and the mother in the last stage of exhaustion. Delivery was effected by evisceration of the uterine contents, and the mother succumbed to tetanus. Now, had there been a qualified midwife or lady medical practitioner at hand, the mother at least would have been saved. Another painful case was that of a Mahommedan woman in labour, a primipara, whom I was asked to treat. She had been some days in labour, and the head was said to be presenting. No manual examination could be permitted. I could do nothing except cautiously give a dose or two of ergot. No effect following its administration, I declined to do anything further unless allowed to examine the patient. From the state of the pulse I gathered that she was rapidly sinking. I brought this fact home to her friends and begged that an examination might be allowed, and I said that if the native midwife had correctly reported as to the presentation safe and rapid delivery could be effected. Her father-in-law and husband said that they would be disgraced if they permitted the examination. *The woman died undelivered* while I was still in the house. But, irrespectively of parturition, there are, we know, innumerable conditions where, to afford efficient treatment, it is imperative that the medical man should see and thoroughly examine his patient. Not to speak of surgical treatment, even medicinal treatment often requires examination not practicable under the Zenana system. The well-to-do classes will not allow it, and hence a vast amount of suffering within reach of relief goes unrelieved. The poorer women of those classes who attend at our dispensaries often come when it is too late; or, when they attend at a dispensary in which there is a native female hospital assistant they stipulate that they shall not be

subjected to examination by a male. If there is no difficulty in medical men entering harems the whole of Lady Dufferin's noble philanthropic scheme for affording medical aid to Indian women must be declared uncalled for; but the response made to the call for funds for the scheme by the wealthy natives and princes of India speaks unmistakably of the usefulness of the institution, and Lady Dufferin's name will never fade from the memory of India's daughters.

I am, Sirs, yours obediently,

G. D. McREDDIE, M.D. BRUX.,

Late Civil Surgeon in India (retired).

Stone-court, Greenhithe, Kent, Dec. 26th, 1895.

## FRACTURES OF THE LOWER LIMB.

To the Editors of THE LANCET.

SIRS,—In a lecture on Fractures of the Lower Limb by Mr. Christopher Heath, published in THE LANCET of Jan. 4th, 1896, I find the following: "I would remind you how important it is, in fracture of the leg particularly, that the fracture should be set thoroughly and accurately. Of course, I know well there are many difficulties. Immediately after the accident all the muscles of the limb are more or less in a state of spasm, and tend, therefore, to pull the bones into abnormal positions, but that state of spasm passes off in the course of a few hours, and you can generally manage with care and patience to put the limb in a proper position, and unless this is done, and done accurately, the surgeon has not treated the case properly." And again: "I may say that this method of pegging and screwing has been recommended by an enterprising surgeon, not only for compound, but for simple fractures. But I cannot conceive how anyone can believe that it is justifiable to convert a simple fracture into a compound fracture, and of this I am quite certain, that the majority of surgeons for the present will remain content with the usual methods of treatment."

Now, Sirs, I agree most thoroughly with a portion of Mr. Heath's statement as far as I understand it—namely, that *if the ends of the fragments are not put in accurate apposition and the bone restored to its normal shape the surgeon has not treated the case properly*. But I maintain, as I have done over and over again, that in the large proportion of oblique fractures of long bones, especially of the lower extremity, it is impossible to do this by means other than operative. I would quote the following lines from a short paper on the subject of the treatment of fractures published by me:<sup>1</sup> "It is very possible that I may be accused of exaggerating the evil results of the treatment of fractures in the present day, and that many may not be inclined to agree with the mechanical principles upon which my statements are based. It is, however, quite open to anyone to prove the former by publishing an account of a series of fractures sustained at the same period of life which show better results, and the latter are capable of absolute demonstration." Surely, as I pointed out here, the question of the possibility of reconstituting the form of the bones by means of splints is, if true, capable of complete verification. As Mr. Heath asserts that he is able to do this, may I ask him to produce, at a meeting of the Clinical Society of London, a series of half-a-dozen cases of oblique fractures of the tibia and fibula, and a similar number of Pott's fractures, which he has treated in sequence, and give the Fellows of the Society an opportunity of forming an opinion on the success of his treatment and on the wisdom of the statement which he makes—namely: "But I cannot conceive how anyone can believe that it is justifiable to convert a simple fracture into a compound fracture," &c.? We are all anxious to learn the best modes of treating fractures, and Mr. Heath's very clear statements of his views on the subject give us an excellent opportunity of doing so.

I am, Sirs, yours faithfully,

W. ARBUTHNOT LANE.

St. Thomas's-street, S.E., Jan. 14th, 1896.

## "A PLEA FOR THE PASTEUR TREATMENT OF HYDROPHOBIA."

To the Editors of THE LANCET.

SIRS,—Dr. H. Howard Murphy's argument in pleading for the Pasteur treatment of hydrophobia would be cogent if the

<sup>1</sup> THE LANCET, Nov. 2nd, 1895.

<sup>1</sup> Brit. Med. Jour., April 20th, 1895.