

question and I hope the attention of your Special Commissioner will be directed to it.

*Cases defined as "Casualties" at the London Hospitals for the Year 1890.**

St. Bartholomew's	132,912	King's College	10,337
St. Thomas's	67,389	St. Mary's	10,840
Guy's	19,469	Metropolitan	No record
Westminster	11,614	Royal Free	10,504
St. George's	19,859	Great Northern Central ...	3,448
London	107,264	West London	3,532
Middlesex	23,133		
Charing-cross	10,070	Total	455,847
University College	24,476		

* These figures are taken from the Lords' Report on the Metropolitan Charities.

I regret that I am not in a position to give the numbers for subsequent years at all the hospitals, but the following for the year 1895 will show that the casualty department is still a much frequented one:—

Casualties for the Year 1895.†

St. Thomas's	50,000	St. Mary's	16,805
London	94,969	Metropolitan	21,789
Guy's	37,648		

† These figures are taken from the Hospital Reports.

I am, Sirs, yours faithfully,

Cardiff, Nov. 10th, 1896.

T. GARRETT HORDER.

PUERPERAL ECLAMPSIA.

To the Editors of THE LANCET.

SIRS,—In looking through some papers by Professor Dührssen upon puerperal eclampsia I find the following observation: "The diagnosis of puerperal eclampsia in cases where pregnancy has not been brought into notice is extremely difficult, and it often happens in Berlin that patients seized with puerperal eclampsia in the streets are taken to the Epileptic Institution and there treated for some time as epileptics."

As I do not remember this having been definitely pointed out before I beg to bring it to the notice of police surgeons and house surgeons and others.

I am, Sirs, yours truly,

Wolverhampton, Nov. 9th, 1896.

FREDERICK EDGE.

THE NATIONAL UNION OF WOMEN WORKERS AND THE REGISTRATION OF MIDWIVES.

To the Editors of THE LANCET.

SIRS,—I am directed to forward to you the enclosed resolution, which was passed unanimously at the annual conference of women workers held at Manchester on Oct. 27th to 30th, 1896. We shall feel obliged if you will be so good as to insert it in an early number of THE LANCET.

I am, Sirs, yours faithfully,

Nov. 9th, 1896.

EMILY JANES,
Secretary N.U.W.W.

[RESOLUTION.]

"That this meeting regards the absence of public provision for the education and supervision of midwives as productive of much fatal disease and serious suffering among the poor of this country and urges upon Parliament the importance of passing some measure for the registration of midwives."

ST. GEORGE'S HOSPITAL AND A NATIONAL MEMORIAL TO EDWARD JENNER.

To the Editors of THE LANCET.

SIRS,—The centenary of the discovery of vaccination appears to the board of governors of St. George's Hospital a fitting occasion to inaugurate a national memorial to Edward Jenner, who was a pupil of this hospital. In honouring the memory of one whose work has been of incalculable benefit to the whole human race they hope for the coöperation not only of the profession to which Jenner belonged but of representative men of all professions and corporate bodies. We are desired, therefore, by a committee appointed by the board of governors to invite your attendance at a meeting to be held in the board-room of this hospital on Monday, Dec. 7th, at 3 30 P.M., at which Sir Joseph Lister, the President of the Royal Society, will take the chair. This meeting is to be

held for the purpose of discussing the best means of carrying out the project, and will be preliminary to one to which the general public will be invited, when it will be decided what form the memorial is to take. His Grace the Duke of Westminster has kindly consented to act as honorary treasurer.

We are, Sirs, your obedient servants,

ALFRED KEYSER,

LEE DICKINSON,

Joint Honorary Secretaries, Jenner Memorial Committee,
St. George's Hospital.

St. George's Hospital, W., Nov. 15th, 1896.

HOSPITAL ABUSE.

(BY OUR SPECIAL COMMISSIONER.)

IV.—LIVERPOOL (*continued*).

THE EYE AND EAR HOSPITALS.¹

THE special hospitals having been denounced as specially guilty of all manner of abuses I proceeded to make inquiries concerning the Eye and Ear Hospital. It soon became evident that if there are many who are ready to attack this institution, others are ready and able to plead at least extenuating circumstances. That there are abuses is scarcely denied. The difference of opinion arises as to the cause of the abuse, its extent, and the possible remedies. Taking the case for the defence first, it was pointed out to me that the general practitioner was often himself much to blame for the hospital abuse of which he complained. Nor is the specialist free from criticism. This is especially so in the case of diseases of the eye. The general practitioner did not—and for a half-crown fee could scarcely be expected to—devote sufficient time to diagnose diseases of the eye. On the other hand, the specialist, by charging a guinea for a consultation, placed himself beyond the reach of a very large section of the population. Thus many persons who were dissatisfied with the general practitioner, but who were not able or willing to pay guinea fees, came to the hospital. It may be said that at the hospital even less time would be given to the patient than the ordinary practitioner can afford to bestow for his half-crown fee. This, however, is not the case, because at the hospital there is sub-division of labour. The lengthy process, for instance, of testing refraction can be done by a junior assistant, questions can be asked, answers noted, and each case prepared before it is submitted to the senior or honorary consultant. On hearing this explanation it occurred to me that we have at the hospital, and notably at special hospitals, the same economic phenomena that have revolutionised manufacturing industries. In industry both cheapness and quality have been secured by wholesale production and sub-division of labour. Where there is a wholesale supply of patients it is frequently possible to organise a sub-division of labour, the greatest skill and experience being brought to bear only on that section of the work where it is most needed. Thus the conviction has gained ground that the treatment is better at the Eye Hospital than that usually obtained from an ordinary practitioner. It often happens that an applicant frankly states he is able and willing to pay, but has come to the hospital to get "the best treatment." In this we have the natural working out of an economic law; and though medical practice is certainly not so much affected by such laws as are handicrafts and industries, nevertheless it would be a great mistake to imagine that the medical profession is altogether exempt from the action of economic laws. The supply of men possessing very exceptional skill and experience is limited; why should their time be wasted in doing work for which much less skill and experience is needed? The public, consisting for the most part of persons engaged in business and industry, has a greater practical experience of economic laws than the members of the medical profession, and therefore more readily appreciates the advantage of that sub-division of labour practised at the Eye and Ear Hospital. They

¹ The previous articles on this subject were published in THE LANCET on the following dates: (1) Sept. 26th, 1896, Plymouth and Devonport; (2) Oct. 10th, 1896, Exeter; (2 *continued*) Oct. 17th, 1896, Exeter; (3) Oct. 31st, 1896, St. Thomas's Hospital, London; (4) Nov. 14th, 1896, Liverpool.