

ing wounded over mountainous roads, and with all the latest improvements and appliances for the special work of removing wounded from the field, dressing their injuries, and conveying them to the field hospitals. Surgeon-Major Johnston, who has been selected by the Director-General for the command, has recently returned from a tour of service in South Africa, and was present at the storming of Seccoconi's stronghold in 1879, where the Bearer Company under Surgeon-Major Hector did excellent service.

Brigade-Surgeon Edward M. Sinclair, M.D., has been ordered to the Cape for immediate service in the Transvaal.

Deputy Surgeon-General Thomas William Fox, M.D., has been appointed Principal Medical Officer of the Chatham District, in succession to Surgeon-General Henry Kendall, M.D., who retires on half pay.

Surgeon-Major David Woods, half-pay Medical Department, has been permitted to commute his half-pay.

SCOTS GUARDS.—Surgeon William Campbell, M.B., from the Medical Department, to be Surgeon; Surgeon G. S. Robinson, from the Medical Department, to be Surgeon; Surgeon Robert F. Cumming, from the Medical Department, to be Surgeon.

ROYAL NAVAL ARTILLERY VOLUNTEERS (Liverpool Brigade).—The following appointments have been made:—Alfred Charles Edward Harris to be Surgeon; Peter Murray Braidwood, M.D., to be Honorary Surgeon.

## Correspondence.

"Audi alteram partem."

### MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—The perusal of your leader on Medical Education induces me to offer a few remarks on this subject, and I will confine what I have to say to one point, and that is the question of apprenticeship as the commencement of a medical career. When, in 1872, I had the honour of giving the introductory lecture at the Middlesex Hospital, I ventured to express my own doubts as to whether the abolition of the old system of apprenticeship had been an advantageous move in the cause of medical education. Since the date just named, my opportunities of observation among students when in course of training by lectures and when under examination have increased much, and certainly the conviction is now strong in my mind that the abolition of apprenticeship was a great mistake, and a move that was much to the disadvantage of the medical student. A young man goes from school to live with a medical practitioner, and there he learns to compound the medicines which his master prescribes in his book when he comes in from his rounds. He sees how the mixtures look when they are made, and if they are clear and pleasing to the eye, if not to the palate, of the patient; and while gaining knowledge on these points, he soon becomes ready at reading and writing prescriptions—matters in which the knowledge of even the advanced students of the present day is often strangely deficient.

Not to mention the treatment of small surgical cases that come at all times into the surgery, whereby manual dexterity and tact are early acquired and developed, the apprentice enjoys the opportunity of going out with the assistant to visit patients at their own homes, and so learns to speak with wisdom and judgment to those who are sick, so acquiring "the mystery of practice"; and while thus employed he finds out pretty soon, and in good time, how he really likes the actual practice of the profession; and if he does not take kindly to it he can withdraw and turn to some other way of getting his living, for none are to be so sincerely pitied as those who have been led to seek their bread by the practice of physic, while they have an innate loathing of their art. There can hardly be even tolerable success without might or earnestness; mind must be thrown into the work, and "there cannot be might or earnestness—of the best sort—in an uncongenial enterprise" (THE LANCET, p. 65, Jan. 8th, 1881).—Yours, &c.,

JOHN C. THOROWGOOD, M.D., F.R.C.P.

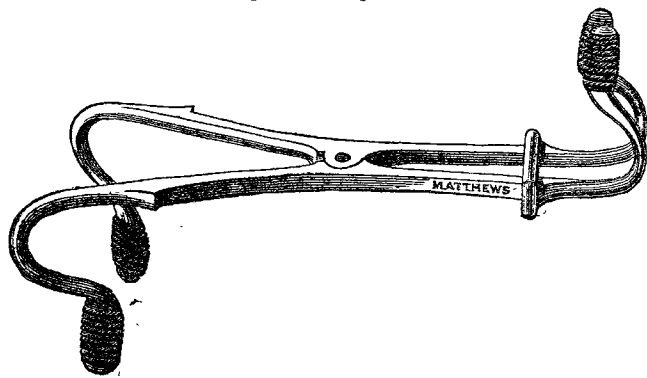
Welbeck-street, W., January, 1881.

### THE NEW FORM OF GAG.

To the Editor of THE LANCET.

SIR,—With reference to Mr. T. Smith's letter on the above in your issue of last week, I wish to state, in fairness to Messrs. Matthews, that they were the first, about three years ago, to construct at my suggestion the double-ended gag with the sliding ring-catch, which Mr. Smith erroneously speaks of as an ingenious adaptation of Messrs. Mayer and Meltzer. In fact, it was at the request of Mr. Mayer that I lately sent him my gag to copy.

The addition of the tongue-plate, as suggested by Mr. Smith, will, in my opinion, be no improvement, as one of the great features of the gag (as shown in the illustration) is its simplicity and adjustability.



After considerable experience in operations about the mouth, where an anæsthetic is used, I have come to the conclusion that the tongue should be left perfectly free, and only occasionally depressed with a suitable spatula when dealing with parts which its presence obscures; for I have found that with the continuous pressure of a plate the tongue is always liable to bulge up behind it, and so impede or prevent respiration by pressing on the glottis, causing great danger to the patient and anxiety to the operator.

I am, Sir, yours obediently,

Welbeck-street, Jan. 10th, 1881.

WILLIAM ROSE.

### MAIN SEWER VENTILATION—CITY FILTH AND WATERCLOSETS.

To the Editor of THE LANCET.

SIR,—I suppose some people will say that an official ought not to waste his time by making any reply to adverse criticisms on his works and recommendations. This, no doubt, in a general way is true, but as there are special cases set forth in THE LANCET of the 8th inst., and replies to which may have general interest, I venture to break the rule.

At p. 70 of your last issue, under the heading "Sanitation in Leeds," the favourable returns as to the local health are commented upon. I beg to observe that in 1867, when making inquiry into rivers' pollution, I learned that the new sewers and drains were unventilated, and that the large main outlet sewer presented its open end unprotected for the wind to blow into, and so drive sewage gases, with increased force, to the upper portions of the town. There had been and were at the time many cases of fever throughout the town, but more especially in the new and better class of suburban houses, which had been drained to the new sewers. I obtained returns of the expenditure on these new sewers, and for the same period a return of the rate of local mortality; and I pointed out to the Chairman of the Works Committee that an increasing death-rate had followed closely the increasing main sewerage and draining expenditure, and I put the question to him, "Do you think such result should be?" There was of course only one form of answer possible—namely, that the result ought to have been the other way. I then pointed out that the open-mouthed main sewer should be closed so as to allow sewage to flow out and prevent the wind driving in, that all the main sewers should be abundantly ventilated, and that house drains should be disconnected by external ventilation. These things have been done, and more, the local surveyor having