

convalescence the Treasurer puts what he calls a "fair question," and for giving a truthful answer she is taunted by the matron for behaving "shabbily," and dismissed at the end of the week in a state of health which forbids her taking another situation. We think it due to the House Committee that they should inquire as to the parties who are responsible for this unjust and arbitrary exercise of power. By whom are the nurses engaged, and by whom dismissed? We challenge the Treasurer and the House Committee to offer an explanation of this case.

### PROXY VOTING-PAPERS AT HOSPITAL ELECTIONS.

THE recent election to the office of assistant-surgeon at the Norfolk and Norwich Hospital has brought out prominently the inconveniences of existing laws respecting the use of proxy papers at elections. This same question caused some difficulty at a similar election at the Westminster Hospital last July; and as all future elections to hospitals or dispensaries will be similarly affected, it may be well to say plainly what the state of the law is.

The question was raised at Norwich by the friends of the candidate who was last on the poll if all the votes had been valid, but who would have been first by a long way if the legal point had been insisted on. Fortunately, upon an appeal being made by the chairman, and the feeling of the meeting being evidently against him, the candidate who had raised the legal question withdrew his name, leaving the successful candidate to be elected by only *three* votes, those being the only proxy-papers, out of 511 brought forward by him, which were properly signed and stamped. The gentleman who raised the question had fortified himself with the legal opinion of Sir Robt. Collier (the Attorney-General) and Mr. Philbrick; and as the question is one of importance, we will quote this for the benefit of others:—

*Opinion.*—"1st. We are of opinion that voting papers bearing an adhesive stamp cannot be used, unless such stamp is cancelled in the manner required by 24 and 25 Vict., c. 91, sec. 27—i.e., by the name or initials of the voter and the date of the meeting being written on the stamp. We think the power to use an adhesive stamp given by that Act is one given upon condition the above terms are complied with, and that the provisions of 7 and 8 Vict., c. 21, sec. 7, are still in force. That section, in the plainest terms, declares all votes made or given or acts done, except upon proxies duly stamped, are 'absolutely null and void to all intents and purposes,' and we are of opinion, unless the adhesive stamps be cancelled in the prescribed manner, all voting papers bearing them are void.

"2nd. Voting papers bearing an impressed stamp, and specifying the date of meeting at which they are to be used, will be free from any such objection.

"3rd. We think, in the case put [of a candidate having a majority of properly stamped votes, although a minority of actual votes], the third candidate would be duly elected in point of law.

"4th. In reply to a further query, whether voting papers signed before a vacancy had arisen would be void, we think they would be valid if the date of the meeting was specified in the paper by the person signing, at any time before the meeting at which the voting paper was to be used."

It is to be borne in mind also, that the signer of an improperly stamped proxy is liable to a penalty of five pounds, and thus, in the opinion of Mr. Beresford, taken by the authorities of the Westminster Hospital, there occurs the suggestion that "it would be advisable to put it to the candidates whether they would not prefer withdrawing the illegal proxies, to subjecting either themselves or their respective patrons to the very serious penalties imposed upon the user of proxies stamped adhesively without due obliteration."

In consequence of the legal difficulty raised at the West-

minster Hospital, the committee passed a resolution embodying the law, and giving a form of proxy-paper, which we commend to the notice of the governors of other hospitals—viz.:

"That a note be printed at the foot of the page containing the Bye-law No. 14, section 2, to the following effect:—The proxy must have a 1d. stamp, either an impressed or adhesive one; and, if an adhesive one, such stamp must be cancelled by the party signing the proxy writing his name or initials across the stamp, and also the day of the meeting on which the election is to take place. The form of proxy may be obtained of the secretary of the hospital."

#### PROXY PAPER.

I hereby appoint  
or, in his absence,  
whom failing,  
to vote as my proxy at the election for  
to the Westminster Hospital, to be held on the  
day of \_\_\_\_\_, 18\_\_\_\_, in favour of Mr.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_.  
Signature \_\_\_\_\_  
Date of election \_\_\_\_\_

"N.B.—It is essential to the validity of a proxy bearing an adhesive stamp, that the name or initials of the person giving the proxy, and the date on which the election is to take place, be written on or across the stamp."

### Correspondence.

"Audi alteram partem."

#### MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—The fact that in Great Britain and Ireland there are nineteen bodies, with from twelve to twenty examiners in each, authorised to license for medical practice, is of itself sufficient to show that there is something amiss in the present system of medical education. With so many judges, it is impossible that there can be equality in the professional qualifications of candidates. The presence of assessors or visitors may more or less ascertain the mode in which the examinations are conducted, but cannot affect their result; while the operation of conflicting interests must afford great scope for the exertion of influences adverse to the welfare of society. For this state of matters there appears to be only one effectual remedy, which is the establishment of a General Examining Board, vested with full powers to prevent admission into the Medical Register of all who do not possess the knowledge and skill requisite for the practice of their profession. The construction of such a board on the principle of universal approval may be difficult; but, if directed by a single view to public advantage, it could be accomplished with great facility. The Board, appointed and paid by Government, might have its head-quarters in London, with branches for Ireland and Scotland, located respectively in Dublin and Edinburgh. Its duty would be to examine all candidates desirous of entering the medical profession who produced certificates of having attained a certain age, of having afforded evidence as to their preliminary education, of having resided for a prescribed period at a recognised medical school, and of having attended certain courses of instruction. The gentlemen found competent to pass this trial would then receive full permission to practise their profession, in all parts of her Majesty's dominions, under the title of Medical Licentiates.

It may next be considered what effect this arrangement would have upon medical corporations, upon the universities, and upon the public.

The corporations or colleges receiving annually large sums for their licences or diplomas would, of course, regard the proposed measure as an intolerable interference with their privileges, and meriting every possible opposition; but, upon reflection, might perhaps discover some reason for mollifying their hostility. In the first place, it

should be recollected that doubts have been entertained, and are no longer concealed, as to the expediency of confiding to the corporations the power of licensing for general practice. The members of these bodies are, for the most part, engaged in general practice, of which the duties must be much opposed to the study of those sciences and arts which constitute the foundation of medical skill, and therefore must be the subjects of examination. The three corporations of Scotland, who at present give licences for the practice of physic and surgery, and co-operate for the double qualification, employ between forty and fifty of their fellows as examiners, who, however respectable, can hardly be expected to keep pace with the progress of science, except by reading, as occasion may require; and this is well known to be a bad preparation for the purpose. The colleges, therefore, should be inclined to hail with satisfaction the prospect of relief from a duty for which the pecuniary advantage is its only recommendation. But the loss that might thus be sustained would, I believe, be replaced much more largely and honourably in another way. It has always seemed to me that the most legitimate source of income for a college was from the admission of fellows. Now, the so-called licentiates of the new system would naturally desire a higher title, and hence be led to associate themselves with bodies of physicians or surgeons, especially if by doing so they acquired a right to be so designated. When the Medical Act came into operation, there was a determined effort on the part of the corporations to obtain such a classification as would produce the effect just suggested; and this was successfully opposed by the universities, but, under the new state of things, might be conceded without any impropriety. The colleges thus, so far from suffering pecuniary loss, would in all probability greatly benefit by the change proposed.

As to the universities, it has been long and vehemently maintained that licensing for general practice is quite unworthy of their position in the scientific world; and there can be no doubt that, if relieved from it, they could confer degrees of a much higher academic character. They might also throw overboard their unmeaning Mastership of Surgery. With regard to teaching, the professors would occupy the most favourable position for success; while the students, no longer trammelled by the slavish desire to propitiate their examiners, would be left free to choose the sources from which there was the best prospect of obtaining information, and no longer be coerced into the sacrifice of time and money for carrying their bodies to lectures from which their minds were absent.

The public, lastly, would benefit through the security afforded by their protection from the incompetency which appears at present to insinuate itself into the ranks of the profession. All the objects that can be reasonably desired would thus admit of being accomplished without injury to any of the parties at present engaged in medical education; while there would no longer be left any room for the jealousies and dissensions which have been such a fruitful theme of ridicule and sarcasm.

The titles of medical men would thus be—

- Doctor, from a University degree;
- Physician, from the Fellowship of a College;
- Surgeon, from the Fellowship of a College;
- Medical Licentiate, from a certificate of the General Examining Board.

I am, Sir, yours &c.,

Edinburgh, 10th Jan., 1870.

JAMES SYME.

To the Editor of THE LANCET.

SIR,—The attention of the Council of this College has been directed to a letter from Mr. Syme, which appeared in the last number of THE LANCET. I am instructed by the Council to say that Mr. Syme's statements in reference to this College are altogether erroneous.

I am, Sir, your most obedient servant,

D. R. HALDANE, Hon. Sec.

Physicians' Hall, Edinburgh, 11th January, 1870.

## FURROWS ON THE NAILS AFTER ILLNESS.

To the Editor of THE LANCET.

SIR,—I have read with great interest the papers in your journal, by Dr. Wilks, concerning furrows on the nails after illness; inasmuch as about ten years ago, while I was

a student, my attention was directed to the subject by a relative who had lately had an attack of scarlatina. In this case there well-marked furrows on all the finger-nails, at equal distances from the matrix.

I have since then looked for these marks on the nails after attacks of scarlatina, and in no instance have I failed to find them in a greater or less degree. I cannot but think that their presence or absence may occasionally assist in diagnosis, as in the following case.

A child of three years old was brought to the hospital suffering from general anasarca, which had come on three or four days previously. The mother strongly denied that the child had had scarlatina or measles, although the former was prevalent in the neighbourhood. She admitted that about a month before the child had been hot and feverish for a few days. There was no sign of desquamation, but there were distinct furrows on all the finger nails; and from this fact, taken in conjunction with the previous attack of fever, and that scarlatina was about at the time, I concluded that it had been a case of simple scarlatina, in which the eruption was so slight as to be overlooked, and followed by the dropsy. I have noticed these furrows after attacks of other diseases, as typhoid fever, but never so well marked as after scarlatina.

I remain, Sir, faithfully yours,

Windsor, Jan. 15th, 1870.

THOS. FAIRBANK, M.D.

## TREATMENT OF UTERINE HÆMORRHAGE AFTER LABOUR.

To the Editor of THE LANCET.

SIR,—Mr. Broke Gallwey's letter in your last number on the above subject raises a very important question in practice. He cites a striking case in which flooding was arrested by the forcible injection of cold water into the cavity of the uterus, and recommends this practice as a "ready method," safe and effective.

I do not doubt that this is one of the most effective means of applying cold, but I submit that it should be used with caution. In the first place, there is reason to fear that the forcible injection of fluid into the uterus, under any circumstances, is not free from danger. Secondly, cold can only control hæmorrhage by exciting contraction of the uterus. This, of course, postulates the existence of sufficient nerve-power to respond to the excitation. If this be present, the shock will induce contraction, and the bleeding will stop so long as that contraction continues. But the very condition of the case—hæmorrhage from inertia—implies that the nerve-force is at a very low ebb. Hence it may be expected that the uterus will relax again, and that the hæmorrhage will return. This is precisely what happened in Mr. Gallwey's case. He had to repeat his injection "again and again." That success rewarded his perseverance in this instance must not be hastily taken as proof of the general value of his treatment. It is a familiar fact that women make surprising recoveries from the most desperate state of exhaustion after various modes of treatment. But I submit that the great object should be to prevent women from drifting into this extreme exhaustion by saving their blood in the early stages. When a woman is once advanced on the road to collapse, not only is there no certainty in the action of ordinary hæmostatics, but there is the double anxiety lest she may not rally from the collapse, or, if she escapes this first peril, lest she may sink further on from some one of the many consequences of anæmia. We must, therefore, take effective measures before collapse creeps on. We must use means that are efficient whilst there is time.

Another objection to the persistent use of cold is this: If it fail to cause contraction of the uterus, and therefore fail to stop the bleeding, it does not therefore fail to cause shock. It therefore does positive harm, by hastening the descent into collapse.

Hence it is that I have been led to submit as a rule in practice, if cold in any of its various modes of application, do not succeed at once in arresting hæmorrhage, to pass promptly to the surer agency of perchloride of iron. Even this may be used too late, although it will arrest hæmorrhage even after contractility is lost.