

"ELECTION OF DIRECT REPRESENTATIVES TO THE GENERAL MEDICAL COUNCIL."

To the Editors of THE LANCET.

SIRS,—Dr. Woodcock's reply to Dr. A. McCook Weir, published in THE LANCET of Nov. 28th, is misleading. He states that an inferior order of midwifery practitioners already exists. That a large number of women throughout the country practise midwifery in an irregular manner is true, in spite of the Medical Acts which were passed "for the protection of the public" and to enable it to discern between qualified and unqualified practice, &c. If the Acts were put into force by the General Medical Council or some other body these women would soon cease to practise. How is it that, instead of being prevented from practising or curtailed, they have actually been pampered and developed, from the ranks of diploma merchants right up to the General Medical Council itself? The toleration of these women practising in an irregular manner is very different to what Dr. Woodcock proposes—namely, to *make* them a legally recognised and legally registered inferior order of midwifery practitioners, which, among other things, will enable them to obtain fees in a court of law and to pose before the public as legally qualified specialists in the science and art of midwifery.

With regard to the "safeguards" he speaks of they will be in the great majority of cases so much waste paper, for who is to be the informant and who are to be the police? Will it not place the onus of proof generally on the medical men? Is it not unfair that we should be taxed with this disagreeable burden? Besides, is it not well known that we as a profession are the slowest in defending our own interests? Take a case of libel or slander. Everyone knows the difficulty of inducing anyone to enter court to give even the most glaring and palpable evidence. They will do anything to avoid publicity. So it will be with regard to these much-vaunted "safeguards" when they come to be put to the test, when the law has to be moved to carry them out, and I venture to predict that the last state of the legally registered midwifery nurse or obstetric nurse will be worse than the first state of the old-fashioned midwife!

I am, Sirs, yours faithfully,

Manchester, Dec. 1st, 1896.

G. H. BROADBENT.

"RANSOM v. THE OD CHEM. CO."

To the Editors of THE LANCET.

SIRS,—Can you spare me space to express my great indebtedness to the Medical Defence Union for the energy and skill with which they have brought my case against the Od Chem. Co. to a successful issue? Without their experience and help my position would have been most difficult. I only joined the Union within the last year, little thinking that its value would so soon be proved. The lesson is obvious—viz., that every medical man should become a member. No one can tell how soon he may be attacked.

I am, Sirs, yours faithfully,

Nottingham, Dec. 5th, 1896.

W. B. RANSOM.

"DEATH CERTIFICATES AND UNQUALIFIED ASSISTANTS."

To the Editors of THE LANCET.

SIRS,—I was quite pleased to see the letter of "Registered" under the above heading in THE LANCET of Dec. 5th, the more so as I notice that the subject is one which had been under the notice of the General Medical Council at its recent sitting. Too true, I fear, it is that gross irregularities in connexion with the registration of deaths are in some places frequently practised, and the system which admits of cases of death being able to be registered without qualified certification cannot be too soon put a stop to if registration is to be of any value as a record for statistics and other purposes. No uncertified death in my opinion ought to be registered, and where an unqualified person gives an irregular note to a registrar or makes a private statement as to his or her opinion about a death I consider registrars should be instructed by the Registrar-General to treat such communications as waste paper,

and either to refer the assigning of the cause of death to a coroner's jury or to a medical man's dictum. I know one registrar at least who absolutely refuses to accept other than the finding of one of these and with the result as he told me that little or no unqualified practice is attempted in his district. Not even, I believe, does the Sarah Gamp flourish there owing to such a sword hanging over her head. Another point I would insist on is that all known abortions and miscarriages should be registered and liable to the same process as mentioned above, where a qualified opinion is wanting. To deal with unqualified assistants in connexion with death certificates is a hard nut to crack. To me the question of their employment by practitioners without covering is impossible, and in view of this I would propose that the General Medical Council should erase from their books all recognition of unqualified practice in any shape or form. To its want of a definite law in this respect do I attribute many of the present evils which are connected with our profession, and not the least of these is the facility which is given to unscrupulous practitioners to evade the letter and spirit of the "Births and Deaths Registration Act, 1874," with regard to death certificates. I do not think it would be too hard to prove many instances of registrars accepting notes or statements from unqualified assistants, or midwives, on the strength of which deaths are registered and classed as uncertified. Also of death certificates having been given by principals who perhaps saw the deceased only once some days previous to, or who dropped in just before, death, so as to be able to fulfil the qualification of "having attended during the last illness," and to cover his unqualified assistant who had the charge and responsibility of the patient throughout. These and others which I could mention are some reasons why I think unqualified assistants should not be allowed by the General Medical Council, and this restriction if adopted would very soon, if not wholly at least very materially, put a stop to all kinds of collusion between qualified and unqualified persons with regard to death certificates. In conclusion, I would draw attention to the anomaly which permits of a medical man being able to give a certificate where he is called in to and sees a dying person only once or perhaps twice at most, who has been ill for some days or weeks and who has had no medical advice through the negligence or indifference of those around. Cases like these, I think, should be investigated irrespective of all considerations, and then doubtless another way of encouraging death would be got rid of. Hoping soon to see the late move of the General Medical Council in the matter of death certificates bearing fruit,

I am, Sirs, yours faithfully,

R. HILL SHAW, B.A., M.B., B.Ch. Dub.

Brighton, Dec. 5th, 1896.

"INSUSCEPTIBILITY TO VACCINATION."

To the Editors of THE LANCET.

SIRS,—I recollect some twenty years ago vaccinating on three separate and well divided occasions an infant; each time the result was "unsuccessful," and on each occasion different lymph—humanised—was used. Some few months later the infant contracted small-pox and died. I ordinarily have adopted scraping or puncturing and have used "tube lymph"; sometimes I found my first operation unsuccessful, and then I tried the other method, always using different lymph. I was rarely a second time unsuccessful. For the last few years I have used only "calf lymph" obtained from the National Vaccine Institution. My cases have been few and successful until quite recently, when having obtained my lymph in the usual way I operated by puncture in three places, using one point—result, unsuccessful. A fortnight after this operation I operated again by scraping, using the second point—result, unsuccessful. I need not say I followed the institution's instructions as to warm water, &c.

I am, Sirs, yours faithfully,

Bow, Dec. 8th, 1896.

RUSSELL MAIN TALBOT.

BEATTY v. CULLINGWORTH.

To the Editors of THE LANCET.

SIRS,—We beg to enclose a second list of subscriptions towards the fund raised to pay the costs in the action