

Asylum work is so rough and arduous that it attracts a very low class of girls, far lower than domestic service, strong, often kindly and good-tempered, but very ignorant. It is perhaps not feasible that they should all receive a systematic training in nursing, but surely, at the head of, at any rate, each female ward, and holding a position altogether higher than the other attendants, there should be a woman with a competent and trained knowledge of ordinary sick nursing; nor should any woman be eligible for the post of matron without such knowledge.

Trusting that the importance of the subject will excuse the length of this letter, I am, etc.,
Stamford.

REGINALD FARRAR, M.A., M.B. OXON.

"ENGLISHMEN IN TROPICAL AFRICA."

SIR,—Under the above heading an article has recently been inserted in the BRITISH MEDICAL JOURNAL, suggesting that it is probable that Englishmen will be able in the near future not only to live with safety in the British East African dominions, but also to rear their children there. I can only say that I very much doubt it.

In the first place, there is no doubt but that the climate of Zanzibar is much more salubrious than that of the mainland opposite; yet here the proportion of deaths is 25 per cent. amongst the European residents. Now the fevers prevalent on the island of Zanzibar are, as a rule, unmistakably due to the climate, rather than to the defective sanitation; as evidence of this, I mention the following facts:

1. The advent of the rainy season enormously increases the number of patients suffering from fever.

2. Those Europeans who live in isolated houses, built in their own grounds, with every sanitary convenience, and situated in the country several miles from the town, suffer more from fever than those who live in the town, where there are innumerable cesspools and some smells which are really wonderfully nasty.

Next, there are many instances of death amongst European children, but, so far as I know, none of European children having been able to stand the climate of Zanzibar for any length of time, much less that of the mainland in the vicinity.

It is suggested that the climate of Mombasa and the neighbourhood is more healthy than that of Zanzibar, and it is distinctly stated that the fevers are not "pernicious or severe."

1. The usual maximum temperature in a fever is about 104°, but temperatures of 105° to 106° are common. 2. Both Europeans and natives are affected by fever. 3. Three fine young men returned with me from Mombasa, having been invalided within a period of one year. 4. I have seen a young and apparently healthy man come out from England, and die within two months. 5. Very few Englishmen can remain in Mombasa for a period of three years.

I therefore consider that the fevers in and round Mombasa are both "pernicious and severe."

With regard to the labour question, there is a teeming population, it is true, but it is most difficult to get any real work out of the natives; there is nothing that they dislike more than regular work, while money after a certain point does not tempt them, as they already have all that they require, namely, food, clothes and wives. The British East African Company feel this, and is trying the experiment of importing Soudanese men and women; I have not yet heard with what success.

The natives of Hindustan are at present the merchants of East Africa, but not the labourers.—I am, etc.,

R. F. CASTLE, M.B. and B.C. Cantab,
late Medical Missionary in Usambara District.

MEDICAL AND SURGICAL DIPLOMAS.

SIR,—Well may medical qualifications be a puzzle to outsiders, for they are granted in one place after severe examinations, and in others without special examination. Such is the degree of Master in Surgery. This, as we all know, is, in an English University, an excellent test of knowledge, whereas this same degree is granted, I understand, to anyone taking the M.B. degree at a Scotch university, and without any special examination.

I have received a great number of letters on this subject since I last wrote to you, as well as on that of the F.R.C.S.E., complaining, as Sir Trevor Lawrence complained in 1881, that these and other of the highest qualifications, which at that time might be purchased in Scotland, and even given *in absentia*, are now given after examinations which cannot bear comparison with those

which have to be submitted to for a similar degree in England. There are plenty of these purchased degrees still in existence. I imagine that many will feel as your correspondent "M.R.C.S., L.R.C.P. Edin." feels, who relates in the BRITISH MEDICAL JOURNAL of October 4th how he "travelled in the night to Edinburgh and got a special examination, returning the next night, having been away from home for one whole day only.....I got," he continues, "my diploma, of which, I confess, I sometimes feel ashamed."

If it be true, as I am credibly informed, that the M.B. and C.M. degrees are conferred together, and that the latter is given without special examination, then I say that to confer the degree of Master in Surgery in the loose manner in which it appears to be conferred in Scotland, and to place it in juxtaposition with the degree under the same title as given at the University of London, is, to speak of it in the most gentle terms, a puzzle for the public; but when the holders of these degrees, on returning to London, forget to inform this same public whence the degree was obtained, and write themselves as though it were a London degree, then perhaps a stronger term than puzzle might be used. And what is to be said of the corporations whose degrees are thus borne under false colours? One would suppose they would speedily strike off from their roll those who are ashamed to be found in their company.—I am, etc.,

Grosvenor Street, W.

B. E. BRODHRUST.

NAVAL AND MILITARY MEDICAL SERVICES.

CHANGES OF STATION.

THE following changes of station among the officers of the Medical Staff of the Army have been officially notified as having taken place during the past month:—

	From	To
Brigade-Surgeon W. E. Riordan	Sheerness	Cyprus.
Surgeon-Major C. E. M. Shaw	Chatham	"
" R. de la C. Corbett, M.D.	Warley	Bengal.
" A. Anderson	Bengal	Sheerness.
" B. W. Somerville-Large	Dublin	Malta.
" C. Seymour, M.B.	Aldershot	Bengal.
Surgeon J. G. Harwood	"	Portsmouth.
" A. H. Burlton	Canterbury	Bengal.
" M. F. Macnamara	Dublin	Castlebar.
" S. C. B. Robinson	Okehampton	Devonport.
" W. H. P. Lewis	Egyptian Army	Woolwich.
" G. Wilson, M.B.	Ayr	Glasgow.
" H. C. Thurston	Devonport	Madras.
" T. Birt	Cork	Bengal.
" F. H. Whiston	Aldershot	Chatham.
" G. S. M'Loughlin, M.B.	"	York.
" H. J. Parry, M.B.	"	Portsmouth.
" W. W. O. Beveridge, M.B.	"	"
" R. W. H. Jackson, M.B.	"	Curragh.
" R. J. W. Mawhinny	"	Cork.
" B. Forde, M.B.	"	"
" J. D. Ferguson	"	Portsmouth
Quartermaster D. J. Gillman	Netley	Aldershot.

THE NAVY.

THE following appointments have been made at the Admiralty:—Deputy Inspector-General T. S. BURNETT, to Chatham Hospital, October 2nd; E. DAVIS to be Surgeon and Agent at Oxwith and Rosisle, October 8th; E. W. LUTHER, Staff-Surgeon to the *Malabar*, September 12th.

Staff-Surgeon FREDERIC PIERCY, Retired List, died at Bel Royal Villas, Jersey, on October 8th, at the age of 56. He entered as Surgeon from May 5th, 1856; as Staff-Surgeon from March 31st, 1866.

MEDICAL STAFF.

SURGEON-MAJOR S. K. COTTER, M.D., died at Lucknow on September 13th, aged 48. His commissions were dated:—Assistant-Surgeon, October 1st, 1867; Surgeon, March 1st, 1873; and Surgeon-Major, October 1st, 1879. He served in the campaign in the Soudan in 1885, and received the Egyptian medal with clasp, and the Khedive's bronze star.

The death is also announced of Surgeon-Major W. H. MACKINTOSH, M.D., which took place at Malta on September 5th. He entered the service as Assistant-Surgeon, May 22nd, 1840; became Surgeon, April 1st, 1854; Surgeon-Major, May 22nd, 1860, and retired on half-pay September 11th, 1872. He has no war record.

Surgeon-Major U. J. BOURKE, on general duty in the Poona district, Bombay command, is appointed to the medical charge of the station hospital at Kirkee, *vice* Brigade-Surgeon A. C. Gage, whose tour has expired.

INDIAN MEDICAL SERVICE.

THE promotion of Brigade-Surgeon ALEXANDER PORTER, M.D., of the Madras Establishment, to be Deputy Surgeon-General, which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the Queen.

Surgeon-Major JAMES FORBES SARGENT, Madras Establishment, is promoted to be Brigade-Surgeon from May 31st. His commission as Surgeon-Major is dated October 1st, 1878, he having entered as Assistant-Surgeon, October 1st, 1866.

Brigade-Surgeon JOHN BENNETT, M.D., Bengal Establishment, has retired from *trè service*, which he entered as Assistant-Surgeon March 31st, 1865, his commission as Brigade-Surgeon dating from January 14th, 1889.

The Queen has approved of the transfer of Surgeon J. G. HATCHELL, Bengal Establishment, from the Half-Pay List to the Retired List. Surgeon HatCHELL went on half-pay September 27th, 1888.

THE VOLUNTEERS.

MR. ARTHUR WELLESLEY HARRIS is appointed Acting-Surgeon to the 1st Hampshire Artillery (Southern Division Royal Artillery), October 11th.

Acting-Surgeon R. G. ROBERTS, M.B., 1st Volunteer Battalion King's Liverpool Regiment (late the 1st Lancashire) is promoted to be Surgeon, October 11th.

MR. ROBERT THOMAS BELL LORRAINE, M.B., is appointed Acting-Surgeon to the Galloway Rifles, October 11th.

Surgeon G. W. BRUMWELL, 2nd Volunteer Battalion the Border Regiment (late the 1st Westmoreland), is granted the rank of Surgeon-Major (ranking as Major), October 11th.

DETERIORATION OF CANDIDATES.

M.D. thinks "Outside's" inference that the two, three, or even four times plucked men are undesirable candidates is questionable. While the army candidates have deteriorated, what is the explanation of the unusually high marks obtained by those for the Indian service?

** We will not say that because a man has failed even several times in a competitive examination, he is therefore necessarily an undesirable candidate; but the presumption is unquestionably against him. It was failure to attain to an average standard, whether among those who had been previously unsuccessful as well as among newcomers, that called forth the serious representation of the examiners. There was no such falling off for the Indian service, where the lowest accepted candidate had almost as many marks as the highest for the army; but the War Office, with suspicious eagerness, accepted even a larger number of these, as reported, deteriorated candidates than they asked for.

THE LAST EXAMINATION.

DISGUSTED writes: Mr. Stanhope was probably waiting for, and may now be chuckling over, the results of the last examination. The successful candidates have set at naught the advice of their best friends; they will find they have brought their eggs to a bad market, and played into the hands of their opponents.

THE MEMORIAL OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

DEPUTY SURGEON-GENERAL ALEXANDER MACLEAN, M.D., C.M., F.R.C.S. Ed. (retired) (Thurso, Caithness), writes: As one who has been through two great wars—namely, the Crimean and the Indian Mutiny—and who has been a quarter of a century in Her Majesty's Military Service, permit me to express my deep regret that the Royal College of Surgeons of Edinburgh (of which I am a Member and Fellow) should have been so exceptionally badly informed as to have sent such a memorial as it has done to the Secretary of State for War on the subject of rank and titles for the medical officers of the army.

"Relative rank"—declared by Mr. Stanhope to be no rank—and confinement to purely "professional duties" are the recommendations of this College, which entirely overlooks the fact that the medical officers are responsible for the command, discipline, drill, efficiency, quarters, stores, and payment of some thousands of soldiers and officers in the field and elsewhere; that the medical officers die for their country at a rate higher by more than one-third than the other officers of the army; that they have earned thirteen Victoria Crosses, which, in proportion to their number, is equal, I should say, to any corps in the service; that they are as much exposed under fire as any officers; are killed and wounded like other officers; have to fight like other officers, as at Rorke's Drift, and, therefore, are not only physicians and surgeons, but soldiers in the strictest and most liberal sense as well.

FAIR PLAY.

M.D. writes: Is it fair play for a certain obstructive military clique, first to do their best to prevent a superior professional and social class of medical officers from entering or remaining in the service, and then insolently declaring that the doctors in the army are unfit for, or unworthy, of military status and titles? If they do not get "gentlemen and good doctors" in the army it is their own fault, for both the one and the other will certainly not at this time of day suffer themselves to be treated otherwise than as equals by men who in many instances are in no wise their social or other superiors, except in their own puffed-up imaginations.

A PROBLEM.

A CORRESPONDENT propounds the following: Two young brothers take, say, the degree of B.A. at the same university. One enters Sandhurst as a university candidate, and in due time joins the army in the rank and grade of lieutenant, which is given him in order that he may exercise the military functions of discipline, command, etc.; the other proceeds to take the additional degree of M.B., and also joins the army as a medical officer, also involving the exercise of discipline, command, etc. Both are equally under martial law, and subject to the same war risks. The B.A. has clear, defined military rank and title, but the B.A. and M.B. is coolly informed that, because the latter letters are attached to his name, he does not require and is not entitled to definite military status and title, and must for the rest of his career be the military and social inferior of his own brother.

Explain in the natural course of things how this comes about.

THE PROFESSION AND TITLES.

M.S. writes, with reference to the oft-repeated argument of "my military advisers," that the dignity of the noble profession of medicine would be lowered by our being called by any other title than "doctor." Has it ever occurred to them that Sir Andrew Clark and other titled members of the profession are never styled Dr. Sir Andrew, etc., and by dropping the "Dr." for "Sir" do these eminent men thereby fall in the estimation of themselves,

their professional brethren, or the public? If not, how can Mr. Stanhope and his military advisers maintain that the titles of Captain, Major, etc., would lower the dignity of the doctors who obtain them? Perhaps they agree with Mr. Bartley that military titles are "shams and tinsel;" but it does not look like it. If the title of "Sir" does not affect professional status, why should that of "Colonel"?

MEDICO-LEGAL AND MEDICO-ETHICAL.

LUNACY CERTIFICATES AND PARTNERS.

J. L. C. having a lunacy case to deal with, wishes to know if the Lunacy Act, 1890, Vic. 53, ch. 5, disqualifies his partner or assistant from certifying where two medical certificates are required, and where "J. L. C." is one of the certifying medical practitioners. Section 32 mentions the words "partner or assistant," but he cannot decide whether it means partner or assistant of the relations, or of the medical man.

** In the case supposed "J. L. C.'s" partner or assistant is disqualified from signing the other certificate.

"A PERSONAL FRIEND."

J. L. H. writes: B.'s statement is an entirely *ex parte* one. A.'s father, uncle and grandfather were successively in practice in M——. A.'s father, some time before his death, sold his practice. The purchaser after a time again sold it. The second purchaser after an interval left the neighbourhood, making no disposal of the practice whatever. The place thus becoming free, B., by the advice and with the countenance and assistance of A.'s father, came and settled in the place without the expenditure of a single farthing, A. at this time being a boy. After the lapse of several years, and before A. became fully qualified, he acted as an assistant to B., into which post, I may say, A. rather slipped than as the outcome of a regular agreement. A. then left to complete his studies, and it was during the time of these studies that A. occasionally acted as *locum tenens* to B. When fully qualified, A. courteously asked B. if he had any objections to his commencing in the old place; to which request B., as I think, as unceremoniously refused to acquiesce, B. also at this time being a bachelor. A. then settled in a town some four miles distant—the place where the branch was opened being in an out-lying district as near to A.'s as to B.'s residence.

The real grievance is that a lady, an old esteemed friend and patient of A.'s father, chose to dispense with B.'s services and called in the help of A. I think this plain statement of facts removes the charge not only of professional, but also of ungentlemanly conduct, from the shoulders of A., and places the charge upon those of B. I, as an old college friend of A.'s father, have been cognisant of these facts from their initiative up to the present time.

** We willingly accord insertion to the above expository letter, as it reveals points of much import in connection with the case on which we incidentally commented in the BRITISH MEDICAL JOURNAL of September 20th, page 706, but which were not disclosed by "B." in his interrogatory communication. This revelation necessarily more or less affects the relative ethical position of the respective parties (A. and B.) therein referred to. We need scarcely add that the general principle and practice inculcated in the comments remain unaffected.

NEW MEN AND OLD APPOINTMENTS.

C. writes: C. did not even know the proprietor, nor any of the men, before B. had received his notice. C. has never done anything but make a legitimate application for the vacancy, hence the difficulty in understanding his (B.'s) "professional" conduct.

** In view of the above response to the several queries which we deemed it necessary to submit for "C.'s" consideration and reply, ere we could specifically answer his letter in the BRITISH MEDICAL JOURNAL of October 4th, page 816, we may note that it is, in our opinion, to be regretted that "B." did not quietly acquiesce in his enforced retirement from the office of colliery surgeon, instead of "calling meetings of the men" to discuss the matter, and thereby indirectly questioning the action of the proprietor—a course which could hardly fail more or less to compromise his professional position. If, moreover, it be true, as alleged, that efforts were made "to sow dissension through the medium of his unqualified assistants, etc.," it is scarcely necessary to add that such a proceeding was morally wrong.

OBITUARY.

CHARLES HENRY ROGERS-HARRISON, F.R.C.S.

THIS well-known figure in London medical society for more than half a century was born at Gibraltar on September 18th, 1811; his father, who was a military officer, being at that period stationed there. At the time of his death, which occurred at Stockwell on September 27th, he had, therefore, just entered upon the 80th year of his age. He served an apprenticeship—having for his co-apprentice the late Sir Erasmus Wilson—to Mr. Langstaff, of St. Martin's Lane, who was at that time a member of the Council of the College of Surgeons, and who was well known as possessing a valuable medical museum, especially rich in its collection of human crania. Mr. Harrison's medical studies were continued at St. Bartholomew's and also at the University of Edinburgh; he became a Member of the Royal College of Surgeons in 1834.