

similar topics, if medical men are forbidden? The whole thing is an absurdity.—I am, etc.,

September 14th.

HERBETIC.

SIR,—I read with great interest in the JOURNAL of September 14th, the report of the proceedings in the Section of Ethics at the late annual meeting, and more especially the paper read by Dr. Potter on Professional Advertising. Every medical practitioner must cordially endorse the greater portion of what was so well advanced by Dr. Potter, and also the opinion so generally expressed by members taking part in the discussion, that instruction in medical ethics should form part of a medical student's education. This system of instruction is without a doubt the proper course to pursue, but how can it be carried out when the extramural teachers, who are supposed to be our present and future leaders, are such sinners in their methods of advertising? What value can their teaching by precept possess, when they set such a bad example?

Is it not the case that the neighbourhood of all our large teaching hospitals is placarded over by bills, some printed in red, others in black, intimating that Dr. — is to open a class here, and Mr. — there, all with the very innocent purpose of being intended for, and read by medical students alone?

Is this the sole object of these advertisers? If so, why do they distribute their bills broadcast to be pasted on boards provided by all the instrument makers, and exhibited in all the druggists' windows throughout the city?

If their objects were so innocent, would it not be enough to put up their bills at the beginning of a session in those places where medical students congregate or pass, that is, within the hospital gates, and within the vestibules of the various class rooms, and where they could not be read by the general public?

I am afraid, however, that looking at the question fairly, most people would be inclined to attribute a different motive to their action. I would, therefore, heartily support the opinion expressed by several members at the meeting, that we should begin with the heads of the profession in putting down this unfair and iniquitous advertising habit, and not be constantly striking at the poor "strugglers for existence," who are practically only doing in their own way what the so-called leaders are doing in theirs, twice every year.

Until the teachers show a better example by confining their advertisements to places easily accessible to students, but shut off from the general public, it is hardly possible to expect the fringes of the profession to walk in the straight path.—I am, etc.,

Edinburgh, Sept. 16th.

MICHAEL DEWAR, M.D.

THE MIDWIVES' BILL.

SIR,—I will thank you for space for some remarks on the above. If midwives are allowed to take charge of cases whether natural or not independent of doctors, their usual modesty may be relied on to make short work of the claims and the interests of the faculty. Dr. Smyly is hardly acquainted with the state of things existing in the country, when he states that there is little or no friction in Ireland between doctors and midwives. I am sorry to be obliged to state that this is not the fact, and the Rotunda and Coombe Hospitals are responsible for this, as they never exercise any control over them once they are qualified. In order that they should be able to do this they should give conditional qualifications, and publicly withdraw them where the midwife would undertake duties beyond her sphere. I am personally aware of loss of life by their presumption. The proposal to make them subordinate to, and in the leading strings of the district health officer would be an excellent proposal, if the latter were not allowed to practise.

To sum up, I would allow no midwife to attend to any case whatever without a doctor looking in, at all events; and, too, I would enforce this by the withdrawal of her certificate, or, as they are encouraged to call it, their diploma. It is not clear to me but that there ought to be an inquest in every case of death in childbirth, as well as in every case of still-born infants. A case occurred to my knowledge where the intestines were dragged out by a clumsy practitioner, and where the case was hushed up by the midwife; and another

case where a midwife allowed the patient to die from a piece of retained placenta, hæmorrhage continuing off and on for three months after the birth.—I am, etc.,
Cashel, Sept. 16th.

THOMAS LAFFAN.

ANTI-STREPTOCOCCIC SERUM.

SIR,—I have read with interest the paper by Dr. Bokenham on anti-streptococcic serum. As Dr. Ruffer is for the present incapacitated from work and as Dr. Bokenham mentions that similar work has been carried out in Continental laboratories, may I point out that Dr. Ruffer and I, as early as the beginning of this year, immunised horses against both the diphtheria bacillus and the streptococcus pyogenes, and other horses against the streptococcus erysipielatis, for the production of therapeutic serum.

In fact Dr. Ruffer was, I believe, the first to publish the method of immunising horses against the streptococcus, and an abstract of his lecture appeared in the BRITISH MEDICAL JOURNAL of August 3rd, page 306.

The horses were shown to the members of the British Medical Association who visited the Institute farm at the last meeting.—I am, etc.,

WILLIAM ROBERTSON, M.R.C.V.S.,
Assistant British Institute of
Preventive Medicine.

Sudbury, Sept. 17th.

MEDICAL AID FREE! WITH A POUND OF TEA!

SIR,—Some kind friend has afforded me the opportunity of disclaiming my connection with "Bryan Bros. Medical Aid Scheme," by sending me a cutting from the BRITISH MEDICAL JOURNAL of September 14th.

Unfortunately, being one of the medical men whose names appeared on the card such as you describe, I hasten to inform you how it was I became associated with the scheme. Some time about the end of last June, I was waited upon by an agent of Bryan Bros., who pointed out to me the great advantage such a scheme would be to the poor. I accordingly accepted the appointment, and a few days after went away on my holidays.

On my return the very great mistake which I had made was explained to me, and on July 24th I sent in my resignation, copy of which I now enclose. In a few days after, the agent called to see me, and we arranged that I should refund the money paid to me in advance, deducting whatever amount I was out of pocket, and thereby cancelling my agreement at once. I have much pleasure in likewise enclosing for your perusal the receipt given me for the money which I returned.

I hope, Sir, you and your readers will be satisfied with the above explanation, and believe that I am not—and have not been since the end of last July—in any way connected with Bryan Bros.' Medical Aid Scheme.—I am, etc.,

Liverpool, Sept. 17th.

A. PAUL SWANSON, L.R.C.S.I.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice. The last post on Wednesday is the latest by which these announcements can be received.

A MEDICAL OFFICER of field rank, who expects to go to India in January, desires an exchange with an officer who will have about two years or longer to remain at home. Liberal terms. Reply, stating date of arrival home, to A. M. S., care of Messrs. Holt and Co., 17, Whitehall Place, London, S.W.

A SURGEON-MAJOR serving in Bengal wishes for an exchange which would give him about three years at home. Address, stating terms, to S. L. H., care of Messrs. Holt and Co., 17, Whitehall Place, London, S.W.

A SURGEON-MAJOR, with two years to complete Indian tour, is desirous to exchange home.—Address No. 456, BRITISH MEDICAL JOURNAL Office, Strand, London.

THE NAVY.

The following appointments have been made at the Admiralty: ALFRED E. WRIGHTMAN, Surgeon, to Haslar Hospital, September 13th; FREDERICK J. LILLY, Surgeon, to the *Katoomba*, September 13th; WILLIAM A. WHITELEGGE, Surgeon, to the Royal Marine Division, Portsmouth, September 23rd; RICHARD F. BATE, Surgeon, to the *Briton*, September 26th.

THE ARMY MEDICAL STAFF.

BRIGADE-SURGEON-LIEUTENANT-COLONEL H. T. BROWN officiates as Principal Medical Officer, Rawul Pindee District, *vice* Brigade-Surgeon-Lieutenant-Colonel C. F. Pollock.

INDIAN MEDICAL SERVICE.

The promotion of Surgeon-Lieutenant-Colonel C. J. W. MEADOWS, Bengal Establishment, which has been already announced in the BRITISH MEDICAL JOURNAL, has received the approval of the Queen.

Surgeon-Lieutenant-Colonel J. A. LAING, M.D., Madras Establishment, has retired from the service, September 9th.

Brigade-Surgeon-Lieutenant-Colonel A. B. SEAMAN, Bengal Establishment, officiating as Principal Medical Officer, Peshawur District, *vice* Brigade-Surgeon-Lieutenant-Colonel H. T. Brown, Army Medical Staff.

Brigade-Surgeon-Lieutenant-Colonel A. L. HACKETT, late Madras Establishment, has been granted the extra pension of £100 per annum due to the Madras Establishment.

THE YEOMANRY AND RIFLE VOLUNTEERS.

MR. OLIVER CALLEY MAURICE is appointed extra-Surgeon-Lieutenant in the Royal Wiltshire Yeomanry (Prince of Wales's Own Royal Regiment), September 18th.

Surgeon-Lieutenant J. S. FORREST, 2nd Northumberland (Percy) Artillery (Western Division Royal Artillery) is promoted to be Surgeon-Captain, September 18th.

Mr. JAMES BLACK MILNE, M.B., is appointed Surgeon-Lieutenant to the 4th West Riding of Yorkshire Artillery (Western Division Royal Artillery), September 18th.

Surgeon-Lieutenant J. ANDERSON, M.B., 8th Volunteer Battalion the Royal Scots (Lothian Regiment), is promoted to be Surgeon-Captain, September 18th.

BANGALORE WATER SUPPLY.

EPIDEMICS OF TYPHOID FEVER.

THE notoriety that Bangalore has acquired as a very hotbed of enteric fever owing to the bad water supply for the troops (which is provided from a tank supplied by an open channel passing through a native bazaar, while forming part of the wall of the supply channel), is the main sewer from the same area) has received recent notice through a correspondent to the *Pioneer*. He writes under date August 11th, as follows:—"That a water supply is a need of the first importance for this large civil and military station cannot be gainsaid, and the dwellers in the Cantonment feel all the more impatient that the matter shall be settled, inasmuch as the Mysore durbar is fast completing its own scheme for bringing water to the Pettah and the humblest of its subjects. It is impossible also not to regard this dearth of a good water supply as being in part responsible for the terrible amount of sickness and mortality which has this year, and especially during the past month or so, carried off so many British officers from our midst. The tank from which the majority of our troops are supplied is a natural reservoir in which weeds, duck, fish, and, worst of all, sewer drainage and catchment effluents all play their part. It is nothing less than scandalous that the very rudiments of municipal hygiene should be neglected in this way, but so it is. We have had three or four deaths among British officers since I wrote last."

We have since been informed that somewhat tardily Mr. Ernest Hart's suggestion that all such epidemics should be promptly met by boiling the drinking water under supervision has been carried out, and with the happy result of putting an end to the epidemic. We see it stated that it is in contemplation to systematically employ the Pasteur filters as in the French military stations, and we may hope that the general application of this system in India, and pending the introduction of pure water supplies, which may be costly and difficult, typhoid fever, which has for the last few years been increasing in the British army in India, may be completely stamped out.

THE SUBORDINATE MEDICAL DEPARTMENT, INDIA.

THE administration of the Military Assistant Surgeon and Military Hospital Assistant branches in the Subordinate Medical Service of Madras and Bombay has been transferred from Government Presidencies to the Surgeon-General with the Government of India, with effect from October 1st, 1895. The Surgeon-General will dispose of all questions concerning recruitment, pay, pension, promotions, and disposal for duty of medical subordinates with army or local Government. Efforts will be made to detail subordinates to territorial areas from which they are drawn, but in emergency they may be employed in any part of India. This arrangement has been approved by the Secretary of State in view of improving the mobility and general efficiency of this class of public servants.

I. M. S. UNIFICATION.

THE unification of the Indian Medical Services in the three Presidencies will shortly be carried into effect. It is part and parcel of the army reorganisation scheme, says the *Pioneer*, and only awaits the formal sanction of the India Office. The three services will be amalgamated, and will be worked as at present through the Surgeon-General with the Government of India.

ALDERSHOT INSANITATION.

ALDERSHOT insanitation having received frequent notice in our columns, and subsequent Parliamentary questioning, it is gratifying to find a technical paper, the *Builder*, of September 7th, delivering its views as follows:—"The recent questions in the House of Commons as to the sanitary condition of Aldershot have elicited very unsatisfactory information from the responsible officials. It is admitted that there have been a number of cases of diphtheria, and a very large number of sore throats (137 cases of diphtheria and 525 cases of sore throat, the latter most probably of septic origin). All that the officials can say as to these diseases is that it is thought they have arisen from the opening of old drains for the purpose of alterations

¹ Vide Parliamentary Report, *Times*, August 30th, 1895.

and improvements. It is obvious (says the *Builder*) that if the opening of old drains is the cause of these attacks, that the state of the drains is a disgrace to the nation. Edifices under Government control are in a worse sanitary condition than ordinary private buildings."

THE ARMY MEDICAL SERVICE.

A.M.S. writes: The fact that there were only ten candidates for fifteen vacancies at the last competitive examination of the Army Medical Service proves that the repetition of adverse and injudicious criticism exercises a most pernicious influence. In these days of competition in which the majority of medical men find a difficulty in earning a moderate income, far more a comfortable independence, you incur a great responsibility in lending the weight of your opinion and authority against service in the Army Medical Staff as a means of livelihood. There does not exist any better field for the average medical man as regards both pay and experience. I undertake to be able to show conclusively that service in the Army Medical Staff not only compares most favourably with any other opening in private medical life but that the advantages are unequalled. I venture to predict that when young medical men realise the true facts that there will be one hundred and not ten candidates for every fifteen vacancies. I may add that with ordinary care and prudence a man can live comfortably on his pay, and that his pay in India, provided he does not wish to remit money to England, is practically more than the equivalent of his promised pay on appointment at home, by which I mean that he can enjoy more comfort and indulge in more pleasures in India on his rupees (which only suffer depreciation by the exchange) than he can in England on his pay. I will with pleasure give the fullest information to anyone who may desire it either privately or through your columns.

. We print this letter verbatim because it is altogether singular in the mass of communications on the same subject that reach us. We notice some inaccuracies. We understand there were upwards of twenty candidates for the thirteen or fifteen vacancies in the late competition, but only ten obtained sufficient qualifying marks, now 50 per cent. instead of 30 formerly.

Whether our criticism on the Army Medical Service have been "adverse and injudicious" we leave to the better judgment of our readers; they have, however, always been made with the sole object of elevating the status and advancing the best interests of the officers. We are glad to find even one of the latter content with his lot; but we would ask him to consider what that lot would have been without the disinterested advocacy of the BRITISH MEDICAL JOURNAL and the intervention of the Parliamentary Bills Committee of the British Medical Association. Our correspondent has promised to demonstrate the "unequalled advantages" of the Medical Staff, which hitherto have never been apparent either to us or our numerous correspondents. It is not fair to accuse us of spoiling the late competition. Very little has lately appeared in these pages on the Army Medical Service, and nothing surely to cause a sudden running dry in the supply of candidates.

But from what we can learn there are not a few "pernicious influences" at work in the schools which have brought about the result, and will soon tend to bring about another crisis in the department. Among the causes which prevent candidates coming forward are the continued denial of equal rank to medical officers compared with other army officers; the social boycotting and ostracism to which they are often subjected in garrison towns, and the disgraceful blackballing in certain military clubs; the hard conditions of foreign service, by which a maximum tour in the tropics is succeeded by a minimum at home; the present of their best years to the Indian Government on a minimum rate of depreciated rupees; the continual cutting off of administrative appointments, or the reduction in prospective prizes, etc. These are among the causes which bring about a dearth of candidates and prevent them coming forward in their "hundreds," and not the "adverse and injudicious criticisms" which our correspondent blames.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL LIBEL CASE.

THE acting Under-Sheriff for Warwickshire, Mr. H. W. Blenkinsop, and a jury, held an inquiry on September 14th, to assess damages in the libel case of Dr. Henry Shore, of Walsall *v.* D. S. Johnson, photographer's artist, of the same place. Mr. Parfitt, who appeared for the plaintiff, according to the report in the *Birmingham Gazette*, explained that the libel complained of—in the hearing of which defendant had allowed judgment to go by default—was one calling for substantial damages. Dr. Shore attended defendant's mother until her decease. Death was due to erysipelas, but plaintiff had reason to believe that there had been an accident, and did not feel justified in giving a certificate without the facts having first gone before the coroner. An inquest was held, and the publicity seemed to have given defendant serious annoyance, so he wrote a letter to the *Walsall Observer*. This letter contained the libel complained of, and in respect of which £100 damages were claimed. The charges contained were of a kind likely to do a professional man serious injury. A paragraph in the original draft letter, struck out by the editor of the paper, but still seen by him and the printers, was as follows:—"The only conclusion I can come to is, firstly, that she was in a medical aid society, and I suppose the doctor was dissatisfied with the amount they pay to him; and secondly, the inquest fee of £1 is proved too great a temptation for him when he thought there was the least