

MEDICO-LEGAL AND MEDICO-ETHICAL.

A MIDWIFE CENSURED.

MR. EDWIN DOCKER held an inquest at Heath, touching the death of Susannah Winnall, aged 43, who was prematurely confined on May 1st, and died on May 8th. She was attended by Mrs. Jane Brown, a midwife; and witnesses spoke to this person saying after the event that she was "not satisfied." Mary Lawrence said Mrs. Brown wished deceased to have a doctor, but she absolutely refused. The midwife ceased to attend the deceased after May 3rd, and Mrs. Winnall said she need not come again unless she sent for her. Mrs. Brown was not sent for until 5.45 p.m. of May 8th, and immediately she saw the deceased she sent for Dr. Bayley, who came at once.

Dr. R. L. Bayley said when he saw the deceased she was blanched, white, and faint, and almost in a dying condition. He was of opinion that no properly qualified man attending a woman in her confinement would have left the state of things he found. He did what the case required, but deceased died from exhaustion.

The Coroner having summed up, the jury found that the deceased came to her death by syncope, and they added as a rider that they were strongly of opinion that Mrs. Brown's conduct as a midwife was deserving of the strongest possible censure, and that she was a most unfit and improper person to discharge such duties.

The Coroner, in conveying the censure to Mrs. Brown, said she had had a narrow escape of having a verdict of manslaughter returned against her, and the jury hoped, in the interest of the public, that she would cease any longer to perform the duties of a midwife.

WHAT OUGHT HE TO DO?

MEDICUS writes: "What should a medical man do in cases where he is called in to attend, and he has very strong reasons to believe that some drug has been used by his patient to procure abortion?" This question was submitted by a correspondent to a colonial contemporary, in a letter giving details of a case of a girl, aged 17, who had aborted after taking medicine and pills obtained at a chemist's, the medicine being labelled oil of pennyroyal. The reply given by the editor of the paper was to the effect that the particulars of such a case were confided to a medical man as a professional secret, and that he was therefore in the same position as a priest who had received a confession. The reply concludes: "In the example given by the writer we think the medical man should point out to the patient and her friends on her recovery that a criminal act has been, in all probability, committed by the person who prescribed and supplied the drugs, and that it was their duty to inform the authorities. We are of opinion his responsibility would end there."

Now, Sir, I should much like to have your opinion on the opinion given above; it does not at all accord with my ideas as to what is right. I cannot agree that the matter can in any sense be regarded as a professional secret, or that there is any analogy with the confession received by a priest. Supposing the patient had died, the question of professional secret would not have been affected thereby, and yet I suppose that no medical man would have hesitated for one moment as to whether he ought to communicate with the coroner. To content oneself with telling the friends in such a case is practically to make it sure that the abortionist, whoever he may be, will not be exposed. As I read the statutes on the subject the crime of abortion is one of the most serious that there is, for the law makes it criminal to intend to induce abortion, no matter whether the means used could have had such an effect, and no matter whether the person for whom the means were used or advised was pregnant or not. I may perhaps state what I think a medical man ought to do under such circumstances, and you will then tell me and the public what is the right course. I should recommend, then, that the medical man call upon the chief constable of the district privately, and lay the facts before him, giving the name and address of the suspected abortionist, but not that of his patient. By acting thus I fail to see that the medical man would be making himself a common informer or doing more than a bare duty to the public which his particular knowledge enables him to do. Playing with fire-irons is a dangerous thing for a child, and to wink at an abortion is a dangerous thing for a medical man. *Facilis descensus Avernus*, etc.

. Looking at the question submitted by "Medicus" in its moral apart from its legal aspect, there can, in our opinion, be no reasonable doubt that when a medical practitioner becomes cognisant, either by the admission of the patient or otherwise, that a criminal abortion has been attempted or effected, such alleged professional secret cannot rightly be regarded in the same light as that of confession to a priest, and so debar him from taking such action in the matter as he may deem necessary to bring the abortionist to justice. At the same time, although we see no valid objection, in a clear or strongly suspected case, to a medical man seeking confidential consultation with the district superintendent of police, we fail to perceive how the more guilty one can be convicted of the offence without the implicating evidence of the female. Nevertheless, the inability to safeguard the patient from public exposure, and, possibly, nominal legal punishment, will not, as we view the question, release the medical practitioner from his moral duty to aid in unearthing the criminal abortionist.

It is, however, well-nigh impracticable to lay down rigid, definite rules for the practitioner's guidance in all cases, inasmuch as we apprehend that the

action in each individual case will have to be governed by the attendant circumstances. Medical men will, moreover, do well, we think, to bear in mind that it is only under very exceptional circumstances that they are sustained in their observance of secrecy by courts of justice.

OWNERSHIP OF PRESCRIPTIONS.

T. H. H. asks whether a practitioner is justified in retaining the prescription of a physician under the plea that it passed to him with the transfer of his predecessor's practice. A patient entrusted our correspondent's predecessor with the prescription for perusal. Time rolled on, and the circumstance was forgotten until practitioner No. 2 announced his early retiring, when the prescription was thought of and applied for, but was refused unless paid for. Is the present demand within the scope of medical ethics? If so, what is the legitimate sum to be paid under the circumstances?

. Under the circumstances above related, the right of the lady patient to the prescription in question must, in our opinion, be regarded as undoubted; and, inasmuch as the predecessor of the retiring practitioner alluded to by our correspondent had no lien thereon, it could not legally pass to the successor with the transfer of the practice, and the latter, we apprehend, is liable to an action for its recovery.

With reference to "the legitimate sum to be paid" for the return of the prescription, we cannot advise that any payment whatever be made to the practitioner detaining it. We consider, moreover, that the practitioner to whom the prescription was originally entrusted for perusal is responsible for its restitution to the patient.

FEEES FOR EVIDENCE OF UNQUALIFIED ASSISTANT.

A MEMBER writes: A. is a practitioner having an unqualified assistant B. A. is called to attend a man who has been wounded by another. A. cannot go, but B. goes and attends him for a few days, after which A. goes. The man is brought before the magistrates charged with unlawfully wounding with intent to do grievous bodily harm, and is returned to assizes for trial on the charge. A. gives evidence in the case; B. is also called, and supplements A.'s evidence by saying that the man had, at a stage of the illness, had slight symptoms of concussion of brain, as well as erysipelas. B. is described as a surgeon's assistant on the depositions, and is known to the magistrate's clerk as having no qualification. The questions are:

1. Have the magistrates acted legally in admitting B.'s evidence, seeing that he is giving it as scientific?
2. Assuming that they have, can he claim £1 *per diem* at assizes, the fee allowed to medical witnesses, or only 3s. 6d.?
3. Can counsel for defence legally sustain the objection to B.'s evidence being admitted against his client?
4. If the jury should find a verdict, even in part, on his evidence, would it be legal?

. 1, 3, and 4. The evidence is admissible. Objections to B.'s qualifications go to the value of his testimony, not to its admissibility.

2. If the taxing officer knows B. not to be qualified, he will probably decline to allow him a guinea *per diem*.

"TRANSFERABLE APPOINTMENTS."

M.D. writes: I have sold my practice to a doubly qualified gentleman, and am at present giving him a partnership introduction. I have held the district union appointment for many years, having succeeded to it with the practice, and have not yet resigned it, nor is it settled when I am to resign. A local medical man is already canvassing the guardians for the succession to my appointment. Is this consistent, or not, with the ordinary rule of etiquette prevailing among medical gentlemen?

. To apply or canvass for any paid appointment ere a vacancy has been declared is held to be contrary to the true ethics of the profession.

AN ANXIOUS PATIENT.

T. W. I. writes: On May 7th I was called to see Mons. A., and found him suffering from colic during the passage of a renal calculus. On May 8th the calculus reached the bladder, and it was voided on May 9th. On the evening of May 10th I received the following from Z.:

"Dear Sir,—I had a call to go 'at once' to — yesterday. When I got there I found the patient was Mons. A., who had been under your care. I was very sorry he had not followed the proper course of asking you for a consultation, but under the special circumstances of his being a Frenchman I felt I could do no more than see him. I found that he had just passed a small calculus, and was free from all pain and trouble. I gave him directions to prevent the formation of these calculi, and a prescription for an alkaline draught. I hope Mons. A. explained the matter to you, as he told me he would. With kind regards, yours sincerely, Z."

Until I received this letter from Z. I had no idea that anyone else had been in attendance. The question is: Was Z. justified, under any circumstances, in undertaking Mons. A.'s case in the absence of his medical attendant? The italics in Z.'s letter are mine.

. With reference to the above case we think it well to note that, although Z. undoubtedly erred in consenting to see and professionally advise Mons. A. in the absence of the attendant practitioner, and especially in view of the fact of non-urgency evidenced by the patient "being free from all pain and trouble," we are nevertheless of opinion that, inasmuch as Z. unintentionally erred, our correspondent will do well to accept his spontaneous courteous note of explanation.

The primary cause, though *de facto* it affords no justification for the proceeding, was the apparent solicitude of Mons. A. (probably in ignorance of professional etiquette) for a "second opinion" without the knowledge of his ordinary medical attendant.

"ADVICE AND MEDICINE 3d. EVERY MORNING."
 "— Vestry Election, Ward No. 4. — Dispensary. Advice and medicine 3d. every morning. Ladies and Gentlemen,—Don't vote for —! I have no time to attend to parochial matters, all my time being taken up attending to the poor. 'I also have seen . . . ' 'I also have seen . . . ' 'I also have seen . . . ' Yours faithfully, —, late House-Surgeon — Hospital."

* Although the uniqueness of the above "poster" would not of itself entitle it to a place in the columns of the JOURNAL, its flagrant departure from the usages and traditions of the profession constrain us to give insertion to so exceptional a specimen of advertising. It ought to engage the attention of the hospital authorities therein alluded to. The best remedy for such disorders is a thorough and persistent utilisation of the disciplinary laws of the respective diploma-granting bodies, and in the present case of those of the Royal College of Surgeons and Society of Apothecaries, to which this gentleman belongs. We would therefore, in the interest of the profession and of the public, suggest that our correspondent should send a brief memorial letter on the subject, signed by himself and two or three local practitioners, to the Presidents of the Royal College of Surgeons and Society of Apothecaries, and enclose therewith a copy of the "poster" in question.

NAVAL AND MILITARY MEDICAL SERVICES.

INFERIOR LITERARY ATTAINMENTS OF MEDICAL OFFICERS.

MEDICAL STAFF writes: Compare Lord Wolsley's evidence before Lord Morley's Committee and his remarks in the *Pocket Book* on medical officers. At page 271 of the proceedings of the former, in answer to the question, whether he approved of giving medical officers command of the Army Hospital Corps, he replied, they were far too highly educated and paid for such commonplace work as military command, which would be better in the hands of an orderly subaltern, and that it was waste of strength and money to employ such good men for such a purpose. Our correspondent asks: Is this the same noble officer who, in the *Pocket Book*, no longer talks about the highly educated medical officer, but laments the sad fact of their inferior literary attainments?

BLACK MOUNTAIN EXPEDITION.

We are informed from India that of 257 European officers employed on this expedition one-seventh, or 36, were medical officers, yet not one of them received any honour in the recent distribution. It was not that names were not mentioned in despatches, for the name of Surgeon-Major C. W. S. Deakin, of the 34th Pioneers, was mentioned in the despatches of Brigadier-General Galbraith as having dressed the wounds of the late Colonel Cruikshank under fire on October 4th at Kotkai.

THE COCKADE.

In answer to a correspondent, we cannot really say whether an officer of the Army Medical Reserve is entitled to use the cockade—we suppose in his servant's hat. He should officially ask the question. From all we hear the cockade as a badge by no means carries the meaning it once did, and many officers have dropped it altogether.

THE MEDICAL STAFF.

"AN OLD A.M.D." writes: The task before the new Director-General in settling the vexed question of the rank and title of the Medical Staff is a severe one. He possesses the sympathy and confidence of his department, and it is to be hoped nothing will be done hurriedly or "rushed." More than anything medical officers want fraternity and community with their comrades in arms. Not only the Medical, but the Commissariat and Pay Departments feel themselves isolated, notwithstanding their military titles. Let the medical officers maintain their own proper dignity and position everywhere. Let their administrative officers show they recognise what is expected of them, and there will be fewer complaints of the department being snubbed, and suffering from social slights.

THE NAVY.

THE following appointments have been made at the Admiralty: GEORGE MACLEAN, M.A., M.B., Fleet-Surgeon, to Haulbowline Hospital, June 8th; ROBERT TURNERS, Fleet-Surgeon, to Portsmouth Division Royal Marines, May 15th; HENRY D. STANISTREET, Fleet-Surgeon, to the *Crocodile*, May 15th; WILLIAM E. BRETON, M.D., Staff-Surgeon, to the *Amphion*, May 15th; ROBERT W. WILLIAMS, Staff-Surgeon, to the *Active*, May 15th; ISAAC H. ANDERSON, M.D., Staff-Surgeon, to the *Defiance*, May 15th; CHARLES W. M. GRIER, M.B., to be Surgeon and Agent at Mevagissey and Gorran Haven, May 15th; GEORGE B. MURRAY, Fleet-Surgeon, to the *Anson*, May 28th; WILLIAM M. RAE, Staff-Surgeon, to the *Dart*, reappointed on promotion, September 30th, 1888; CHARLES JAMES and JOHN J. DINNIS, Surgeons, to the *Anson*, May 28th; GEORGE T. BROACH, M.B., Surgeon, to the *Agamemnon*, May 16th; JOHN B. B. TRIGGS, M.B., to the *Oruwell*, May 16th; NEAL NELSON, to be Surgeon and Agent at Buncrana, May 16th; E. R. H. POLLARD, Staff-Surgeon, to the *Ruby*, May 22nd; H. E. F. CROSS, Staff-Surgeon, to the *Ganges*, May 22nd.

Inspector-General SAMUEL SLOANE DALZELL WELLS died at Plymouth on the 8th instant. He entered the Royal Navy as Surgeon, March 8th, 1845; became Staff-Surgeon, February 28th, 1854; Fleet-Surgeon, November 16th, 1865; Deputy Inspector-General, June 24th, 1875; and Inspector-General, November 10th, 1882. He retired December 16th, 1882. He served as Assistant-Surgeon at Bermuda Hospital from April, 1850, to April, 1854, and was specially promoted for service during an epidemic of yellow fever. He was Surgeon of the *Belleisle* during the Russian war in the Baltic, May to November, 1855, and was present at the bombardment of Sweaborg (Baltic medal).

MEDICAL STAFF.

THE retirement of Sir THOMAS CRAWFORD, K.C.B., M.D., F.R.C.S.I., Honorary Physician to the Queen, from the position of Director-General of the Army Medical Department is gazetted. Sir Thomas's commissions bear date: Assistant-Surgeon, February 18th, 1848; Surgeon, February 9th, 1855; Surgeon-Major, February 18th, 1868; Deputy Surgeon-General, February 1st, 1870; Surgeon-General, December 5th, 1876; and Director-General, May 7th, 1882. He served with the 51st Light Infantry throughout the Burmese war of 1852-53; was on board the East India Company's steam frigate *Perceps* during the naval action and destruction of the enemy's stockades in the Rangoon river; during the succeeding three days' operations in the vicinity, and at the storm and capture of Rangoon, including the storming of the White House Redoubt; also at the storm and capture of Bassein, May 10th, various skirmishes at Promé, and during the advance on Meaday (medal with clasp for Pegu); with the 18th Royal Irish in the Crimea from February 9th, 1855 (medal with clasp for Sebastopol and Turkish medal). He was Principal Medical Officer to the Southern India Field Force during the Mutiny campaign in 1857-58, serving in the Northern Mahratta country and in the Deccan; and was mentioned in despatches for his services during the Afghan war in 1880. Sir Thomas was born in 1824, was nominated a K.C.B. in 1885, and Honorary Surgeon to the Queen in 1886.

Surgeon-Major W. A. CATHERWOOD, M.D., is promoted to be Brigade-Surgeon, ranking as Lieutenant-Colonel, *vice* J. J. Chappell, M.D., retired. Dr. Catherwood entered the service as Assistant-Surgeon October 2nd, 1865; became Surgeon March 1st, 1873; and Surgeon-Major October 2nd, 1877. He was in the Ashanti war of 1873-4 (medal), and in the Egyptian war of 1882, including the battle of Tel-el-Kebir (medal with clasp and Egyptian bronze star). He also served in the expedition to the Soudan in 1884 under Sir Gerald Graham, when he was Principal Medical Officer at the base (mentioned in despatches, promoted Surgeon-Major, with relative rank of Lieutenant-Colonel, and clasp). Surgeon-Major JAMES WILSON, M.B., is promoted to be Brigade-Surgeon, ranking as Lieutenant-Colonel, *vice* C. H. Girard, promoted. His previous commissions are dated: Assistant-Surgeon, August 5th, 1858; Surgeon, March 1st, 1873; and Surgeon-Major, April 1st, 1873. He served in the Afghan war in 1878-80, and took part in the expedition to the Hissarik Valley (medal), and in the Egyptian war of 1882 (medal, and Khedive's bronze star).

Surgeon-Major WILLIAM FROLIOTT, F.R.C.S.I., is also promoted to be Brigade-Surgeon, ranking as Lieutenant-Colonel, *vice* G. C. GRIBBON, M.B., granted retired pay. Brigade-Surgeon Ffoliott entered as Assistant-Surgeon, October 1st, 1862; became Surgeon, March 1st, 1873; and Surgeon-Major, April 28th, 1876. He was present in the war in Afghanistan in 1878-80, and has the medal granted for that campaign.

Surgeons W. J. TROTTER and N. MANDERS, who are serving in the Bengal command, have leave of absence for six months on medical certificate.

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON J. RICHARDSON, M.B., Bengal Establishment, Sanitary Commissioner, North-west Provinces and Oude, is appointed to be Deputy Surgeon-General Central Provinces, *vice* G. C. Chesnaye.

Surgeon G. H. D. GIMLETTE, M.D., Bengal Establishment, Residency Surgeon, Nepal, and Officiating Medical Officer of the Deoli Irregular Force, and of the Harowtee and Tonk Political Agency, is appointed to officiate as Agency Surgeon in Baghelkhand, during the absence on furlough of Surgeon-Major S. J. Goldsmith.

Surgeon-Major A. DEANE, M.D., Bengal Establishment, Residency Surgeon, Cashmere, has leave of absence for two years on private affairs; and Surgeon-Major N. CHATTERJEE, Madras Establishment, Medical Officer 13th Native Infantry, has leave for one year, also on private affairs.

Deputy Surgeon-General GEORGE FARRELL, C.B., Bengal Establishment, is appointed Inspector-General of Civil Hospitals, Punjab.

The services of Deputy Surgeon-General W. WALKER, M.D., Bengal Establishment, are replaced at the disposal of the Military Department.

The services of Surgeon C. C. VAID, Bengal Establishment, are permanently placed at the disposal of the Government of the North-West Provinces and Oudh.

The services of Deputy Surgeon-General G. C. CHESNAYE, Bengal Establishment, are, at his own request, replaced at the disposal of the Military Department.

Surgeon-Major L. D. SPENCER, M.D., Bengal Establishment, who entered the service as Assistant-Surgeon March 31st, 1865, is promoted to be Brigade-Surgeon, *vice* R. Lauderdale, retired.

Surgeon H. C. L. ARNIM, Bombay Establishment, on general duty in the Poona District, is directed to officiate in medical charge of the 3rd Light Infantry, *vice* Surgeon A. F. Sargent, proceeding on leave.

Brigade-Surgeon R. E. PEARSE, Madras Establishment, is permitted to retire from the service on the ordinary pension of £700 per annum, plus the extra pension of £100 per annum from April 30th. He entered as Assistant-Surgeon February 10th, 1859, and rose to the rank of Brigade-Surgeon July 21st, 1888. He was engaged in the war with China in 1860-61, and was at the battle of Sinho, and at the assault and capture of the Taku Forts (medal).

Deputy Surgeon-General A. J. COWIE, Bengal Establishment, has also retired from the service. His commission as Assistant-Surgeon is dated August 4th, 1854, and as Brigade-Surgeon April 19th, 1884. He has no war record.

Deputy Surgeon-General A. H. HILSON, M.D., Bengal Establishment, of the Lahore District, has left Mian Mir to take up the appointment of Inspector-General of Civil Hospitals, Bengal, in succession to Deputy Surgeon-General Cowie.

A telegram from Madras announces the death of Surgeon-General SHORTT as having occurred at Yarcand on April 24th. The officer referred to appears to be Deputy Surgeon-General John Shortt, M.D., of the Madras Establishment, who entered the service in September, 1854, and retired in February, 1878.

ARMY MEDICAL RESERVE.

SURGEON JAMES MENZIES, M.D., of the 1st Roxburgh and Selkirk Volunteers, and formerly Assistant-Surgeon to the Turkish Contingent, is appointed Surgeon-Major ranking as Major; and Acting-Surgeon C. W. M'DOWELL, M.D., of the 22nd Middlesex Rifles, is appointed Surgeon, ranking as Captain.

THE VOLUNTEERS.

SURGEON W. C. WICKS, M.B., 3rd Volunteer Battalion Northumberland Fusiliers (late the 1st Newcastle-on-Tyne), has resigned his commission, which was dated January 7th, 1888.