

CORRESPONDENCE.

THE NAVAL MEDICAL SERVICE.

SIR,—It must be very satisfactory to the medical officers of the navy, to know that the Parliamentary Committee of the British Medical Association is about to look up the question of the existing collapse of their department. The Director-General-elect has a sorry scene before him, as if looking down from his post on the poop into the hold of a once fine ship of war now nearly gutted by fire, and that not by the enemy, the decks and bulwarks destroyed, and a few charred beams still crossing from side to side, so that very much will require to be done by him to refit her for war-service. It will be well, indeed, if the Admiralty receive outside opinions before repairs are begun, as it has the results of a ten-years' series of changes adopted without ventilation among the profession at large, and sprung like mines or torpedoes under those who had reason to believe they stood on fair footing. The War Office failed singularly in 1876, when yielding to the same course, and has profited by that before launching its recent Warrant. Had the Admiralty been less precipitate with its Orders in Council, it would unquestionably be now standing in a different position before the profession. It must be weary enough of framing Orders in Council, such as make holes anew, or larger than they were before; and if desirous to avoid such another Committee of its own formation as that of 1866, which failed to give satisfaction, it ought to be glad enough to get from outside the opinions of well informed professional authorities. The new Director-General being a junior officer placed over the head of his only senior officer who has survived the incendiary process referred to (although that senior is generally esteemed for his integrity and firmness of purpose, and, moreover, is in possession of the C.B. for war services, and gold medal for professional ability), he has, I think, a difficult task to perform, with all his persuasive tact, and therefore he will require a good deal of buttressing up from the outside profession to make him a restorer of that good old ship "The Naval Medical Department".—Yours,

AN OLD INSPECTOR-GENERAL.

PROFESSOR SPENCE ON SURGICAL STATISTICS.

SIR,—In Professor Spence's article on Surgical Statistics in your issue of the 24th instant, I observe the following statement. "When he" (Mr. Lister) "left the Edinburgh Royal Infirmary, there remained in his wards many cases of chronic abscesses uncured (I believe seventeen cases), and some of these had been upwards of two years under his treatment."

It will be obvious to all your surgical readers that, unless Mr. Lister had ceased to treat chronic abscesses at a period long anterior to his removal from Edinburgh, he must have left some cases uncured. Mr. Spence's account, however, is greatly exaggerated; and, as I was personally conversant with the circumstances, I beg you to allow me, in justice to Mr. Lister, to state the actual facts. The cases in question were as follows:

Name.	Age.	Disease.	Date of Admission.
William M.	17	Abscess of hip-joint.	January 7th, 1876
John D.	18	Psoas abscess	March 16th, 1876
Lizzie T.	19	Psoas abscess	August 1st, 1876
James B.	23	Abscess of hip-joint.	January 5th, 1877
Hugh McL.	6	Lumbar and psoas abscess ...	January 10th, 1877
Michael C.	21	Two lumbar abscesses	January 25th, 1877
John B.	25	Psoas abscess	January 25th, 1877
Alex. W.	16	Abscess of hip-joint.	June 22nd, 1877

Thus the cases were eight in number instead of seventeen; and, as Mr. Lister left the Infirmary in August 1877, it will be seen from the dates of admission that only two had been more than a year under treatment, and neither of them so long as two years. Knowing that these cases could have little clinical interest for any one who had not treated them from the outset, and at the same time feeling that they would still demand careful management for a more or less protracted period, Mr. Lister thought it better to remove them from the Infirmary when he went to London. He therefore wrote to ask me to take charge of such cases as the house-surgeon thought it desirable to place under my care. The female patient was sent to King's College Hospital. One

male patient, Alexander W., was considered by the house-surgeon unsuitable for removal. He was in a very weak state, some bed-sores having only just healed. He was, however, much improved, and was regarded as in a promising condition. The remaining six patients were referred to my care, and I had the satisfaction of seeing them all cured with the exception of the little boy, whose abscesses had become putrid before he left the Infirmary, probably from slipping of the dressings owing to the extreme deformity of his body. His father removed him in August 1878 to the West of Scotland. He was then considerably improved, having youth on his side to resist the septic influences; and, when he was last heard of, he was running about.

The results of the rest of the cases were as follows.

William M., healed in December 1877; left in February quite strong. When last heard of, he had gone to Liverpool as clerk in a warehouse.

John D., healed in March 1878; left Edinburgh in May. When last heard of, he was able to walk without support, and was feeling quite strong.

James B., healed in May 1878; left Edinburgh in July. When last heard of, he was working at his trade (as a baker).

Michael C., healed in March 1878; left in May. In July 1878, he was able to go to Peterhead to the herring-fishing. He returned to the fishing in 1879.

John B., healed in December 1877; left in February quite strong and well. When last heard of, he was employed as a colporteur.

I remain, your obedient servant,

Edinburgh, January 26th, 1880.

JOHN BISHOP.

STATISTICS OF THE GLASGOW INFIRMARY.

SIR,—The correspondence on these so-called statistics in your last issue does not require much notice; but you will permit me to say that my position in regard to their bearing on the Listerian treatment remains unshaken; viz., that scarcely a tenth of the cases included in the numbers given could be fairly supposed to have their ultimate fate influenced in any great degree by the treatment employed. These numbers, be it observed, I have never either acknowledged or denied. To do so was quite unnecessary, as it is manifest that they are valueless. The question is not *where* the patients die, but what becomes of them: at all times a pertinent question, but now specially so, and which formed the main part of a motion submitted by me to the managers, which met with the cold shoulder.

I did not criticise Dr. Cameron's treatment of his unfortunate case; but it should have been retained in the surgical ward. The good natured physician who admitted it into his ward deserves our sympathy.

Dr. Cameron says: "This difference in our results is one of measures, not of men"; and in this he is surely wrong, and much too modest; for, leaving the figures ascribed to me out of view, his returns are much better than those of his other three colleagues, who are professed followers of the Listerian system; and the reason is now very obvious. To reduce my mortality, excision of the hip in cases of morbus coxæ must be shunned; I must refuse cases of spina bifida, though from 70 to 80 per cent. have been saved by my method, both in and out of hospital. Yet there still remains the residue of 20 to 30 per cent., and the train of hopeless hydrocephalic cases which follow these, to damage my reputation as a surgeon. To operate for relief alone must not be thought of; dangerous cases must be avoided; and thus an end put to all progress. We must not keep bad cases in the wards to enable the students to see and study the phases of disease.

True it is, that Listerism has lately been the fashion; but to be in the right with a few such men as Mr. Holmes, Mr. Savory, Mr. Spence, and the late Mr. Callender, is enough for me, after a fair comparative trial which I made of Mr. Lister's plan when he was here, and when I find that, by irrigation and other means, both lives and limbs can be saved which Listerism would endanger or destroy. Let me add that my hospital report for the past year is being prepared, and will soon be made public.—Yours faithfully,

JAMES MORTON, M.D.

Glasgow, January 1880.

THE MANCHESTER CHILDREN'S HOSPITAL AND DR. HUMPHREYS.

SIR,—I joined the Pendlebury Hospital in January 1877, not, indeed, induced by anyone's solicitations, but by the expectation that, though I should receive some remuneration for my work, I should also receive that courtesy which is ordinarily accorded to a hospital physician. In taking the post, I certainly thought that the position was a permanent one, and that, as long as I devoted myself to my hospital work, so long I should have the option of remaining connected with it.

In Dr. Borchardt's long impeachment of my work at the Children's

Hospital, I find only one definite charge made against me, namely, that I failed to give clear and strict instructions to the nurses. This is the first occasion on which I have learned that any such charge was preferred against me, and no opportunity was ever given me to meet it.

Dr. Borchardt speaks of my tenure of office as medical administrator. I never held such an office. I was certainly chairman of the medical board; but the administration was "joint". In the words of the Hospital Report for 1878, it is stated: "The interests of the hospital would be best served by appointing to the joint charge of the hospital Dr. Humphreys, Dr. Neill, and Mr. Jones." When it was decided that the administrative department should be placed in the hands of one individual, and it was suggested that Dr. Ashby should take the post, I readily fell in with the suggestion, since it relieved me of some congenial work. I thought it well, however, to have an interview with the President of the Hospital, and stated that, whilst agreeing most willingly to the proposed arrangement, I would resign at once if anything further were meant. The President distinctly told me that such was not the case, and perfectly reassured me as to my position in the hospital and with the board.

Dr. Borchardt states that a dispute had arisen between the lady-superintendent and one of the sisters, on a point affecting neither the patients nor the medical staff. A point involving ward-discipline, and which leads to the loss of a good sister, does, I maintain, affect both patients and medical staff. In Dr. Borchardt's account of the incident, he omits two important facts relating to the interview between the lady-superintendent and myself: first, that I was appealed to by the sister to seek an interview with the lady-superintendent for the purpose of ascertaining the cause of her loss of favour; and, second, that in the said interview I not only distinctly informed the lady-superintendent of my object, but that I intended to acquaint the sister with its results. In the light of these facts, I fail to perceive that the term gossip could be applied to such action.

In conclusion, I wish to take the opportunity of offering my very best thanks to the medical profession of Manchester and Salford for the kind and generous sympathy expressed in my behalf.—Yours faithfully,

HENRY HUMPHREYS, M.D.

Eccles, January 27th, 1880.

SIR,—The article on "Nurses and Doctors" which appeared in your JOURNAL of the 17th instant, is written with a view to impress upon those in charge of hospitals the absolute necessity of subordinating the nursing of patients to the direction of qualified physicians and surgeons, and in this view the Board of Governors of the Manchester General Hospital and Dispensary for Sick Children fully concur. Such has been the rule and practice of the hospital. When, however, you proceed to cite, as you state upon "good authority", the suspension and subsequent resignation of Dr. Henry Humphreys as a case in point, and quote a memorial, signed by a large number of physicians and surgeons connected with the medical charities of Manchester, condemning the action of the Board of Governors in this matter, this Board considers it necessary to point out to you: 1. That the memorial to Dr. Henry Humphreys has been drawn up and signed upon a one-sided statement, and without any inquiry as to the correctness of its allegations; and 2. That the so-called facts which you enumerate, upon what you state as "good authority", are in many essential particulars inaccurate.

The Board has no desire to deny or disparage the medical acquirements and qualifications of Dr. Humphreys. Those qualifications obtained him the position he held at the hospital, which he sought in answer to advertisement, and which he obtained in competition with other applicants. Beyond an advertisement addressed generally to the profession, no inducement was offered him.

The Board of Governors discovered, very soon after Dr. Humphreys' appointment, that a medical investigator and experimentalist, however accomplished, was not necessarily gifted with energy or judgment, nor fitted for a position requiring such qualities. This eventually became so apparent in the work of the institution, that the medical board, of which, as senior physician, he was chairman, did not after his first year re-elect him to the chairmanship, but appointed the junior physician to preside over their meetings, prepare their reports, and generally to take the lead in the medical administration of the hospital. This action was confirmed shortly afterwards by the Board of Governors appointing the junior physician medical administrator. Dr. Humphreys tacitly acquiesced in these changes, which reduced him to the position of ward-physician.

Your article states that Dr. Humphreys had every reason to believe, and gives evidence that leads it to be supposed that he acted on the belief, that his position at the hospital was a permanent one; but Dr. Humphreys himself, writing on the 5th December 1879, says he felt,

from the time the above changes were made, "that his footing with the Board of Governors had become unsatisfactory, and he regretted he had not then tendered his resignation". Had he done so, the resignation would undoubtedly have been accepted. After-events proved it would have been well had he taken this course; for his want of clearness and decision in instructions given with regard to the treatment of patients became a frequent cause of anxiety and embarrassment, and repeatedly came under notice, finally convincing the Board of Governors that Dr. Humphreys was not suited for the position he held.

A feeling of consideration for Dr. Humphreys alone prevented action from being taken by the Board at a much earlier period; but when, finally, he improperly interfered in discussions between the lady-superintendent and the members of the nursing staff, in matters entirely unconnected with the medical work of the hospital, and took such a part as to render discipline impossible, decisive action became necessary. Hence his suspension. On the next day, without waiting for the meeting of the Board of Governors, to whom that suspension would have to be reported, Dr. Humphreys tendered his resignation; and the matter being thus concluded, the Board deemed all further controversy undesirable.

Signed by order of the Board of Governors,

EDWARD CROSS, Chairman.

General Hospital and Dispensary for Sick Children,
Manchester, January 22nd, 1880.

SIR,—My name having been mentioned in Dr. Borchardt's letter on the above subject, I ask permission to say a few words in reply. Dr. Borchardt's letter is ostensibly a defence of the Committee of Management; but as throughout he shows that his own influence has been paramount in the control of the hospital, his letter may not unfairly be taken as his own defence. The meeting of the House Committee which decided upon Dr. Humphreys' suspension took place at Dr. Borchardt's rooms; and he has given his *imprimatur* to the infliction of an indignity which is ordinarily reserved for grave moral delinquency. Dr. Humphreys' offence, according to Dr. Borchardt's own statement, amounts to nothing more than a very warm discussion between a physician and a lady-superintendent, and the subsequently informing a ward-sister of the results of the interview. But Dr. Borchardt has ignored the fact that Dr. Humphreys expressly stated to the lady-superintendent that one of his objects in seeking the interview was to ascertain the causes of the loss of favour of the ward-sister, and that it was his intention to communicate the results of the interview to the ward-sister. Dr. Humphreys' conduct was certainly straightforward, and does not bear the sinister construction put upon it in Dr. Borchardt's statement.

But I presume that no sane person imagines that this incident was used for anything more than a pretext for getting rid of Dr. Humphreys. I have read carefully the first part of Dr. Borchardt's letter, with a view to ascertain the reasons why Dr. Humphreys had previously lost the confidence of the Committee. The only reason categorically given is that "some of the nurses in the wards under his charge complained to the chairman of the House Committee that they did not receive clear and strict instructions from Dr. Humphreys with regard to his patients". There is no proof given that this charge was substantiated; it contrasts markedly with the testimony given elsewhere by Dr. Bury, who, as resident medical officer, had daily opportunities of judging of Dr. Humphreys' work. But Dr. Borchardt's sentence speaks volumes. It suggests a method of obtaining information as to a physician's capacity which is both undignified and unreliable. After such an admission, there is a painful irony in Dr. Borchardt's subsequent remarks on the ill effects of gossip and the failure of "medical administration". Surrounded by an atmosphere of such espionage, there is little wonder that twice Dr. Humphreys should have expressed his wish to resign. How are we to explain, in the light of antecedent and subsequent events, the reassuring words with which the President prevented Dr. Humphreys from carrying out his purpose? And seeing that "private hints" were so freely bandied about in this hospital, one wonders that, after the final incident, the Committee should not have given Dr. Humphreys some such hint as that then, at least, he might carry out his purpose. Such a method would, at all events, have been less heartless than the one adopted.

The lesson of the Children's Hospital at Pendlebury is written in characters so plain that he who runs may read. It is this: Medical autocracy, like every other autocracy, may do well enough for awhile, but is sure to end in disaster. Able men may be tempted by the emoluments offered to serve under such a government, but they will find to their cost that it is at the sacrifice of all independence, and that some day they may be crushed by a single blow.—I beg to remain, sir, your obedient servant,

THOMAS BARLOW, M.D.

London, January 27th, 1880.