

and more abstract methods. It is also evident that modern medical education is too hasty, and it is absurd to expect new-fledged lads from school to hurry-scurry through a few years into efficient members of the most difficult and multifarious of professions.

In conclusion, I beg to rectify another error Dr. John M. Miller evidently entertains: that I place the specious smartness of nimble-fingered men above less pretentious though more solid attainments. This gentleman has not caught my meaning, namely, that the practitioner, to be of any use to his suffering fellow-men, should possess practical abilities, combined with readiness of resource and presence of mind in emergencies, with also promptness of decision; while the erudite but vacillating and timid theorist not only distrusts himself, but also disheartens and alarms his patient. Moreover, to be successful the doctor must be a man of tact and a gentleman. I have seen really able young men irritate and offend patients of even a very modest social grade, and consequently injure their own future career by abrupt and careless discourtesy. Now, are they not far more likely to attain that *suaviter in modo* patients expect their medical adviser to possess in the personal example of their veteran instructors than in the rough-and-ready routine of a large hospital? I once had as assistant an able M.B.Lond., with whom I had very soon to part company, as I found his coarse and unfeeling suavity was rapidly driving away my *clientèle*.—I am, etc.

J. BRINDLEY JAMES.

Jamaica Row, S.E.

#### THE DEAF AND DUMB.

SIR,—May I beg for space to make one or two remarks on Dr. E. Symes Thompson's letter respecting the education of the deaf and dumb? Dr. Thompson appears to me to have fallen into some of the errors which characterise the Report of the Royal Commission, for, in common with the Commission, he has seen deaf-mutes in school, and observed their capability to converse with their teachers or friends. He forthwith proceeds to describe, in graphic language, the only means by which he considers "the deaf can be taught to communicate with and diffuse themselves amongst the general population."

The result which Dr. Thompson claims for the oral system I believe to be entirely hypothetical; the fact being that the deaf-mute denied the knowledge of sign language is much worse adapted for that diffusion among the general population of which Dr. Thompson speaks than if he had been permitted to exercise in full the senses of sight and touch, which are of so much importance in the sign-manual method.

Many persons could be pointed out who, although they have been most systematically and carefully trained on the oral system and not themselves wanting in intelligence, are yet quite incapable of conversing with any but their most intimate friends.

With regard to the percentage of congenitally deaf children who are the offspring of deaf-mutes, despite the statistics of Mr. Graham Bell, we are still in want of accumulated and reliable facts. As a small contribution, I may say that in Liverpool we have 62 deaf and dumb couples with 225 children, not one of whom is deaf. And, again, the records of the Liverpool School, where there are 121 pupils, do not contain a single instance of a child having deaf-mute parents, while, on the other hand, the consanguinity in the parents is not of infrequent occurrence.—I am, etc.,

CHARLES G. LEE,

Oculist and Aurist to the Liverpool School for Deaf and Dumb. Liverpool, October 29th.

#### CHLOROFORM ADMINISTRATION.

SIR,—Dr. Ormsby, in his letter published in the JOURNAL of October 26th, says: "Again, with my ether inhaler, the patient breathing and rebreathing the same ether-charged air economises the quantity of ether used, and is not likely to produce the kidney trouble alleged to be produced by its effects."

As for ether, I cannot say much regarding its effects. But, as for chloroform, the danger in its administration seems to lie in breathing and rebreathing the respired air charged with chloroform. Some years ago a student mentioned the fact to me that whilst experimenting with chloroform he had to leave the room, and on doing so placed the animal (a kitten, I believe), along with the rag saturated with chloroform, into a large drawer. On returning shortly he found the animal dead, much to his surprise. Trying to explain this it occurred to me that chloroform with re-

spired air must be poisonous. Some experiments made afterwards clearly proved this fact. The danger in the administration of chloroform depends on not allowing the patient to breathe the fresh air freely along with chloroform vapour. When a fatal result took place formerly it was usually put down to failure of the heart's action. Now it has been shown that it more frequently depends on cessation of respiration. On opening the thoracic cavity the lungs are found in a shrunken condition. As for chloroform inhalers, these should be avoided, the cheapest and best appliance being the ordinary towel.—I am, etc., G. R. GILBERT.

Edinburgh, October 28th.

#### THE GUILD OF ST. LUKE.

SIR,—My attention has just been called to an annotation on page 934 of the JOURNAL of October 26th on the Guild of St. Luke. I do not know who your informant may be, but the paragraph is full of inaccuracies. I am concerned only with one, and that the mischievous statement that the guild, "entirely composed of medical men," was "founded for evangelistic work among their patients." A statement like this suggests even more than it says, and is calculated to discredit the Society in the eyes of your readers. I ask you, in common fairness, to allow me to say that the statement is untrue. The Society was founded twenty-five years ago to help students and young medical men in their desire to follow the teaching of St. Luke, and was for the individual improvement of its members, and not in any sense to make them proselytising agents amongst their patients. I enclose a copy of the objects of the Society.—I am, etc.,

Cavendish Place, W., October 29th.

GEORGE COWELL.

#### ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—I am instructed by my committee to forward you the enclosed proposed resolutions for publication in the JOURNAL should you think fit.—I am, etc.,

WM. ASHTON ELLIS, Joint Honorary Secretary.

14, Grosvenor Road, Westminster, S.W.

Resolutions to be proposed on behalf of the Association of Members of the Royal College of Surgeons of England at the meeting of Fellows and Members on November 7th, 1889.

1. That this meeting of Fellows and Members of the Royal College of Surgeons of England having considered the report of the Council dated October 17th, 1889, is of opinion that immediate steps should be taken to forward the introduction early in the next parliamentary session of a Bill to amend the constitution of the College, so as to secure to the Members a just representation in and upon the governing body of the College, and that a committee be hereby appointed to co-operate with the Central Committee of the Members' Association in taking the necessary steps to give effect to this resolution.
2. That the following gentlemen be appointed members of the Committee, with power to add to their number \* \* \* .

#### NAVAL AND MILITARY MEDICAL SERVICES.

##### THE VICTORIA CROSS.

THE Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross upon Surgeon Ferdinand Simeon le Quesne (Medical Staff), whose claim has been submitted for Her Majesty's approval for his conspicuous bravery during the attack on the village of Tartan, Upper Burmah, by a column of the Chin Field Force on May 4th last. The act of courage for which he has been recommended is recorded as follows:—"Displayed conspicuous bravery and devotion to duty during the attack on the village of Tartan by a column of the Chin Field Force on May 4th last, in having remained for the space of about ten minutes in a very exposed position (within five yards of the loopholed stockade from which the enemy were firing), dressing with perfect coolness and self-possession the wounds from which Second Lieutenant Michel, Norfolk Regiment, shortly afterwards died. Surgeon Le Quesne was himself severely wounded later on whilst attending to the wounds of another officer."

**THE NAVY.**

THE following appointment has been made at the Admiralty:—**JOHN HUNTER**, Surgeon, to the *Excellent*, November 7th.

**THE MEDICAL STAFF.**

**SURGEON J. H. DALY**, who is serving in the Bengal command, has leave of absence for six months on medical certificate.

**Surgeon A. O. GEOHEGAN**, at present stationed at Woolwich, has received orders to proceed to India.

**Surgeon-Major R. COLLINS, M.B.**, has been appointed Inspecting Medical Officer and Consulting Surgeon, and **Surgeon-Major R. G. THOMSETT** to be Assistant-Surgeon at the Civil Hospital, Gibraltar.

**Surgeon D. M. GREIG**, who is serving in the Bengal command, has been granted leave to England pending retirement from the service.

**Brigade-Surgeon WILLIAM TANNER**, who was placed on temporary half-pay on account of ill-health on November 7th last, has now been granted retired pay.

**ARMY MEDICAL RESERVE.**

**ACTING-SURGEON ARTHUR CORRIE KEEP, M.D.**, 2nd Volunteer Battalion Worcestershire Regiment (late the 2nd Worcestershire Volunteers), to be Surgeon, ranking as Captain.

**INDIAN MEDICAL SERVICE.**

THE undermentioned Surgeons, having served twelve years in that grade, are promoted to be Surgeons-Major:—Bengal Establishment: **S. J. THOMSON, R. N. CAMPBELL, M.B.**, **E. S. BRANDER, M.B.**, **P. C. CHATTERJEE, M.B.**, and **G. A. EMERSON, M.B.**; Madras Establishment: **C. H. BENNETT, M.D.**, **W. H. THORNHILL, M.D.**, and **M. E. REPORTER**; Bombay Establishment: **D. C. DAVIDSON, J. C. H. PEACOCKE, K. S. NARIMAN**, and **A. F. SARGENT**.

**Surgeon-Major C. H. JOUBERT, M.B.**, Bengal Establishment, officiating Professor of Midwifery, Calcutta Medical College, has leave of absence for six months, and **Surgeon C. ADAMS, M.B.**, Madras Establishment, has leave for one year on medical certificate.

**THE VOLUNTEERS.**

**ARTHUR THOMAS HOLDSWORTH, M.D.** is appointed Acting Surgeon to the 1st Volunteer Battalion Royal Warwickshire Regiment (late the 1st Warwickshire).

**VOLUNTEER MEDICAL STAFF CORPS.**

THE annual competition for the challenge shield took place on Saturday, October 26th, at Westminster Hall. Three companies competed, namely, No. 1, **Surgeon V. Matthews**; No. 4, **Surgeon-Major J. A. Watson**; and No. 5, **Surgeon F. E. Squire, M.D.** **Surgeon J. Falvey, M.S.**, Assistant Instructor to the Medical Staff Department, Aldershot, acted as judge. The companies were put through various movements in bearer-company and stretcher drill, and examined in bandaging and first aid to the injured. After a spirited competition the shield was awarded to No. 1 Company, the contest, however, having been very close. **Surgeon Falvey** having addressed the officers and men of the corps and complemented them on their work, **Surgeon-Major Platt, V.M.S.C.**, in the absence of **Surgeon-Commandant Norton**, thanked **Surgeon Falvey**, in the name of the corps, for his kind services, bringing a most interesting afternoon's work to an end.

**"POST-GRADUATE COURSES" FOR NAVAL MEDICAL OFFICERS.**

**R. N.** writes: Now that the Admiralty have decided to appoint temporary service surgeons in the navy it might be possible for them to make some arrangements by which surgeons could attend a post-graduate course. Haslar Hospital is very well for officers holding appointments there, but for those in harbour ships it is very out of the way; they also have their duties on board their own ships, and I do not think that lectures on naval hygiene are what one requires after getting rusty from long service at sea. If it is a money difficulty in the way, why not allow three months on half pay (full time to count on obtaining certificates at the medical school when the studies are passed)?

I am sure that many would be only too glad to avail themselves of the opportunity on these terms. I think it really time, in the best interests of our service, that something of the sort should be done, as there is no doubt that, except in a few cases where some have special opportunities, we do deteriorate as length of service increases, but in the majority of cases I do not for a moment believe it is due to the man himself.

**INCREASE OF AGE RETIREMENT.**

**R. M. S. C.** writes from India: The Medical Staff appreciate the liberal manner in which their grievances are redressed in the recommendations of Lord Camperdown's Committee. But there has been no sufficient protest against the proposed increase of the age retirement of surgeons-general, which will seriously handicap the deputies and brigade-surgeons. In all fairness the latter should have corresponding increases in their period of service.

\* \* We discussed this matter in recent leading articles.

**THE THREE YEARS' RANK.**

**STATISTICS** writes: The late order that all officers must serve three years in a rank before they can claim the pension of it hits medical officers very hard. No others are called upon to spend 50 per cent. of their service abroad. The result is the heavy mortality in tables 13 and 14 of Lord Camperdown's report. The order will no doubt relieve the taxpayer by killing off the medical officers. In nine cases out of ten, foreign service means service in unhealthy climates.

**DOUBLE TITLES.**

**P. M. O.** writes: In a leading article in the JOURNAL of September 21st it is stated that "the proposed new titles are combinations identical with existing titles of Surgeon-Major and Surgeon-General, which have not been found objectionable." Surely this is at variance with the report on relative rank, in which 75 per cent. of medical officers condemned compound titles. Such will never be used in official or social life in the army, and so are utterly useless; let them, then, not have the support of the JOURNAL, which throughout all

the agitation has so ably represented the views of the officers of the Medical Staff.

\* \* We trust that amid conflicting opinions we shall continue impartially to reflect the views of medical officers. We merely reasoned that the proposed compound titles could not fairly be condemned as outlandish and un-English innovations, seeing they were really amplifications of existing titles. We are well aware the majority of medical officers are against them, while at the same time admitting their consecutive application would be a clear advance on the present disjointed nomenclature. We look upon them as mere stepping stones, and as such not to be hastily rejected in the present critical condition of the department. Nothing, indeed, would give us more pleasure than speedily to see that which must ultimately come—the formation of a "Royal" medical corps, in which the medical officers shall have substantive rank and military titles; but in aiming at that, care must be taken not to reject recommendations leading to such a goal. The Committee did not see fit to recommend radical measures of reorganisation, which we fear they saw would have been summarily rejected; but in not a few respects they have defended the department from an agitation which might have destroyed it, and which at least would have wrought much hardship and injustice to individuals. We speak of the recommendations in the body of the report, not of some of the "dissents."

**TITLES OF MEDICAL OFFICERS.**

**VIVE UT VIVAS** writes: The supreme ignorance and indifference of civilians towards the titles of army medical officers is well shown in the following recent examples:—

In an Aldershot newspaper (!) he read of **Sergeant-Major A.** for a well-known **Surgeon-Major**; in the post office of a large provincial town, on a list displayed of those holding licences to kill game, he saw, among a number of officers of the garrison, the name of **Sergeant-Major F.** for **Surgeon-Major**. He himself has been so often called **Sergeant** that he begins to doubt whether after all he really is a commissioned officer. With such glaring examples of the application of slipshod titles, it is simply a grim joke to talk of the dignity of the medical profession in the army. Why not at once cut short these misnomers by giving well-understood titles, as **Captain** or **Major**, and **Surgeon**? What artillery or engineer officer would take to, or even tolerate, such compound titles as **Gunner-Captain** or **Sapper-Major**.

**MEDICAL REORGANISATION.**

**ROYAL SURGEON** hopes the letter of "Medical Staff" in a late number of the JOURNAL expresses the feeling of practically the whole body of army medical officers. While recognising their own helplessness and urgent need of outside assistance in struggling for their rights, at the same time they most gratefully appreciate the efforts made by friends and this JOURNAL in their behalf.

The recommendations of the Camperdown Committee, if carried out in a liberal spirit, would, even with the cumbersome double titles, be a great improvement. It is probably too much to expect that the present War Office and Horse Guards authorities are prepared to treat the rank and titles question radically once for all, and to generously recognise the true position of medical officers in the army. This, however, can only be done by organising the medical service into a corps on the lines of the Royal Engineers.

**MEDICO-LEGAL AND MEDICO-ETHICAL.****THE CHARGE AGAINST DR. MOON.**

ON Monday, October 28th, **Dr. Moon** was placed on his trial at the Old Bailey, before **Mr. Justice Stephen**, on the charge of having caused the death of a woman named **Eleanor Tebbut** by having performed on her an unlawful operation, with the object of bringing about a miscarriage. Briefly the chief points in the case were as follows: It seems that in June last the deceased, a married woman who had had three children, the last about a year previously, consulted **Dr. Moon**. She stated that she was suffering from hæmorrhage, and therefore **Dr. Moon** did not on that occasion make an examination. About a month later she came again to **Dr. Moon's** house one evening, about 7.30; and it was with regard to what was alleged to have occurred at this interview that the charge was made.

**Dr. Moon** said that on the occasion in question he examined the patient, and that, having the history of her having suffered from hæmorrhage before him, when he found nothing to account for it outside the womb, he thought she might be suffering from a tumour of the womb, and proceeded to pass the sound. While the sound was in the uterus he passed a tent into the cervix, with a view to further exploration. On withdrawing the sound and finding no blood on it, he said to the patient, "I believe you are pregnant." She laughed, and said, "Yes, I am." **Dr. Moon** then inserted a plug of cotton-wool, soaked in tincture of opium, into the vagina, and sent the patient home, telling her to keep quiet. A day or two later the fœtus came away, but not the after-birth. Subsequently the patient became very ill, and **Dr. Townsend**, who was called in to see her, found that she was suffering from acute peritonitis. In spite of treatment she became worse, and died