night, all the difficulty in making water and the cystitis having completely disappeared.

Ramm concludes with the following remarks: (1) The prostate is one of the genital glands; (2) it attains its full size after or during the acquirement of the sexual function; (3) in failure of development of the genital organs (testes) it remains small, as it does after castration before the onset of puberty; (4) castration (bilateral) causes in the adult atrophy or shrinking of the gland; (5) the hypertrophied prostate shrinks after bilateral castration; some days after castration there occurs some diminution in the size of the gland, and this goes on steadily for some time; (6) this diminution of the enlarged prostate after castration can be made use of in the treatment of difficulty in making water resulting from mechanical interference with the urethra from the simple enlargement of the gland.—I am, etc.,

Cambridge, May 4th. JOSEPH GRIFFITHS, M.D., F.R.C.S.

## ARE MINISTERS OF RELIGION RIGHTLY ENTITLED TO THE GRATUITOUS SERVICES OF THE MEDICAL PROFESSION?

SIR,—As I see no notice has been taken in the BRITISH MEDICAL JOURNAL of March 17th of the article under the above heading in the JOURNAL of March 10th, p. 546, may I request you will kindly permit me to say a few words on the other side of the question?

First, I may state I am the son of a clergyman "who pays his doctor;" secondly, I am and have been a member of the medical profession now for some years, and as such, I think, I can safely affirm that there is not an indiscriminate gratuitous attendance on ministers of religion and their families, any more than there is an indiscriminate gratuitous attendance by dentists on members of the medical profession and their families. The fees may not be so large to ministers as to laymen, but that they are charged by very many medical men, and willingly paid by many ministers, is, I feel sure, the case, just as there are many ministers and their families who receive gratuitous advice from medical men as willingly as it is offered. Under these circumstances it seems to me the writer of the article has gone somewhat out of his way to cast a slur (quite unintentional, let us hope), both on ministers of religion and on ourselves.

Paragraph 1 implies that "the popular doctor," tired and weary, would turn out and render his services willingly if he was paid for them, but if the minister was not going to pay him he would refuse to do so. It also implies that the minister that pays may be peremptory in his demand, and use language which he could not or would not use if he did not pay. The next sentence implies that the paying minister can enjoin prompt attention, but not the unpaying minister. Does the profession generally agree to these sentiments? I trow not. I hope we are as careful with our non-paying patients, *cæteris paribus*, as we are with those who pay us.

I fail entirely to see how the minister that courteously accepts the service we render to him gratuitously becomes a "clerical mendicant" any more than the medical man becomes a medical mendicant when accepting gratuitous advice from another doctor or of some popular minister towards whose stipend he has not contributed a brass farthing. With the first half of his next sentence I fully agree, but I would ask how many ministers receive an adequate stipend, and have we not now the means of helping them under the present circumstances which we should not have if the old order should change?

In conclusion, it appears to me Sir Thomas Watson's advice, quoted at the end of the article, puts the matter in a nutshell, and appears to let each one do as he is disposed in his heart. By all means let the well-paid minister be charged as he is now, but do not force your neighbour to charge a poor curate, and let us always remember an archbishop may die and leave his family almost penniless, without, as far as we can know, any fault of his own.

The clergy have great expenses, much is expected of them, and the hard times have hit them harder than most people; let us rejoice a custom exists which enables us, if we wish it, to lend them a helping hand in the time of their dire necessity without in any way pauperising them or causing them to consider that they incur to a greater or less extent a loss of the respect due to them from the community.—I am, etc.,

Meiktila, Upper Burmah, April 12th. G. F. POYNDER, Surgeon-Major, Army Medical Staff.

## DEATH UNDER CHLOROFORM.

SIR,—The record of five deaths from anæsthetics in the BRITISH MEDICAL JOURNAL of May 5th brings this question again painfully to the front.

"A London Anæsthetist" says: "The practice of England and Scotland has become one. The rule of watching the respiration under chloroform has become universal." This may be so, but there remains a difference between the teaching of Syme and Simpson on the one hand and that of Dr. Snow and the London Committee on the other which the writer has not even noticed. The former recommended the induction of deep anæsthesia, and "as speedily as possible;" the latter taught the very opposite. What Syme taught he invariably practised, and such a case as that of the boy at Liverpool, who was struggling and shouting immediately before syncope occurred, could never have happened in his theatre. Now, the practice of Syme in this respect, so far from having extended to England, has not become universal, even in Scotland, and therefore I demur to the conclusion of the writer above mentioned that Syme's rules have not secured safety under chloroform. The most important of them all has never been universally tested. There is still, as the same writer says, much room for disputation. I think I have shown satisfactory evidence, as far as it goes, in favour of the view that primary syncope is due to the reaction which ensues when the vapour escapes from the lungs at an early stage. The symptoms attending this reaction can be determined with great certainty in the cat, and all that seems wanting to complete the evidence is that tracings of the blood pressure should be taken.—I am, etc.,

Glasgow, May 7th. ROBERT KIRK, M.D.

# MEDICO-LEGAL AND MEDICO-ETHICAL.

### MEDICAL CLUBS AND THE TRUCK ACT.

THE House of Lords has affirmed the decision of the Court of Appeal and of the Queen's Bench in regard to the legality of deductions from weekly wages for the payment of subscriptions to sick clubs. The importance of this decision is very obvious. In many cases if the wages were first paid in full and the club money then collected back again, the expenses of management would run away with a large proportion of the subscriptions; and there can be little doubt that if the power of withholding the money at the pay desk were withdrawn, the very useful sick clubs connected with many large industrial establishments would quickly cease to exist. Not only would there be the constant difficulty and expense of collection, but it would be impossible for a firm to enforce the essential rule that all its employees should become members.

### FEES TO MEDICAL WITNESSES AT INQUESTS.

MEMBER asks: Is not a coroner legally bound to pay a medical witness the fee immediately after the inquest? And, Can a medical man refuse to give evidence if the fee is not prepaid?

*** Our correspondent must remember that in a coroner's court he is a witness on behalf of the Crown, and that as such he is bound on summons to attend and give evidence, fee or no fee; and that in default he is liable to fine or commitment for contempt of court. With regard to payment of fees, the coroner, by Act of Parliament (see Coroners Act), is bound to advance and pay the fees of all witnesses immediately on the termination of the inquest, and for neglect to do so he is liable to severe reprimand from the Lord Chancellor.

### THE CORONER'S COURT.

"ANXIOUS" sends us the report of an inquest, from which it appears the nurse of a cottage hospital is called to give evidence, and informs the jury that the deceased was admitted with a fractured leg, that amputation ultimately was performed, and that some weeks after death occurred from Bright's disease. No medical evidence was called, and the jury returned their verdict as to the cause of death, relying on the statements made by the nurse. Our correspondent inquires "whether the coroner was exceeding his duty in admitting the evidence of the nurse (as medical) without calling for the evidence of one of the several medical men who attended the deceased?"

*** It is usual, but optional, on the part of the coroner to summon a medical man to give evidence at the first sitting of the inquest, but if the jury are not satisfied then with the evidence of the witnesses present, as to the cause of death, they can adjourn and request the

coroner to summon a medical witness, whom they have the privilege of naming. In the present case, we can only presume that the coroner and jury were satisfied with the testimony of the witnesses, including that of the nurse, upon which no doubt the verdict as to the cause of the death was based. We do not approve of this method of holding inquests, as we consider that in every case the testimony only of a duly qualified medical man should be received as evidence of the cause of death. No other court or judge would be satisfied with less than this, and all deaths registered without it are classified by the Registrar-General as "uncertified." Coroners, whether legal or medical, should not forget that although their court in cases which terminate in criminal proceedings may be only a court of first instance, yet in ninety-nine out of every hundred cases the verdict of the jury is final, and, therefore, as a court of inquiry and a court of record, all its investigations should be conducted in a strictly legal manner, and the best and most reliable evidence should always be obtained. It is painful to contemplate the laxity in the proceedings of a court which is satisfied with hearsay evidence only and testimony of little value, when it h d immediately at its command the direct evidence of skilled witnesses.

### MIDWIFERY FEES.

H. W. B.—If our correspondent will refer to the *Medico-Chirurgical Tariffs* (or the *Manchester Medical Tariffs*), he will find, under the heading of "Explanatory Notes, No. 11, Midwifery," that he is justly entitled to his very moderate charges for the attendance and medicine; and, in response to his further question, we would remark that if the husband of the deceased lady still declines to pay, we would counsel him to consult his solicitor, rather than personally refer the matter to the decision of the county court judge. The rule in question is to the following effect: "The obstetric tariff necessarily admits of considerable latitude in regard to the fee, consequent on the oft prolonged and harassing attendance in cases of difficult labour, and the varying pecuniary position of the several classes of society. The fee, moreover, from long-established custom is generally understood to include a visit or two during the week after delivery, if within the prescribed distance of an ordinary visit; but for any indisposition in the mother or child subsequent to the seventh day, or when any serious ailment occurs to either within that period, a charge should be made for each visit and detention as in ordinary cases of disease."

### A SUMMARY MEDICAL OFFICER.

O. R. M. W. writes: I was called up early yesterday morning to see B., in a parish 1½ mile off, he having cut his throat. I went at once, attended to the man, stopped the hæmorrhage, dressed the wound, etc. B. was suffering from shock, and I told the friends to nurse him at home, as he was not in a fit state to be moved seven miles to a hospital, and that I would call in the afternoon and see him again. In the forenoon, B.'s wife obtains a parish medical order and takes it to Mr. S., he attends, and without any examination or without listening to what I had told the friends, orders the man off to the hospital. I was just starting to see B., in the afternoon, when a policeman calls to tell me of Mr. S.'s attendance, and of the removal of B. Mr. S. made no communication to me. Would it not have been etiquette for him to have communicated with me first before taking steps as he did?

*** If, as we assume, the above narration of the case conveys a fair summary of the facts, the parochial medical officer on seeing, as he could not fail to do, the dressed wound of the poor would-be suicide, should not only have calmly listened to the friends' proffered information as to the instructions given by the attendant practitioner, but have subsequently communicated to the latter, in person or by note, his reasons for disregarding them, and ordering the immediate removal of the patient to the hospital; and in omitting so to do, the medical officer undoubtedly failed in his medico-ethical duty to a professional brother. Our correspondent's allegation, moreover, leads to the inference that the medical officer must either have regarded the surroundings of the patient as calculated to imperil his recovery, or that he himself was averse to be troubled with the tragical case, as it was not unlikely to necessitate one or more daily journeys.

### CONTRACTS IN RESTRAINT OF PRACTICE.

J. H. K.—We fear we are unable to offer any useful suggestion on the special case referred to in our correspondent's letter. We gather that the contract for sale and purchase of the practice was held to be complete without the restrictive condition as to user of the residence, and that the latter condition, although contained in an agreement prepared by the solicitor of the parties, was unsigned by the vendor. In order to support such a condition, it would probably be essential to show that it was a part of the consideration, and was agreed to in writing. The counsel engaged in the case on behalf of our correspondent doubtless did all that was possible in the interest of our correspondent, and he will be well advised to act on their opinion.

### ALLOWANCE FOR SICKNESS BETWEEN PARTNERS.

Arbitrator writes: A. sold his practice to B., giving him a two years' introduction. About half the purchase money was paid down, and the rest was to be handed over at the end of period. B. was to reside with A., paying a fixed sum weekly for board, etc. The expenses purely in connection with the practice were to be deducted from total receipts, and the net amount equally divided. There was no clause in the agreement relating to illness. After one year of the introduction had passed B., the purchaser, was taken ill, and had to go to his parents. He has now returned after six months' absence, the practice in the meantime having been carried on by A. alone. What would be a fair arrangement between the two regarding the six months?

*** We are not aware of any settled rule governing the case referred to by our correspondent, and any suggestion made on the subject would be open to criticism. It would not however, we think, be an unreasonable arrangement for A. to take the profits and bear the losses for the six months, paying B. a sum equivalent to interest at 5 per cent. on the purchase money he has actually paid, the latter not paying anything in respect of apartments.

### AN UNGENEROUS RIVAL.

Member B. M. A. writes: I was lately called in to see a patient who was said to have fallen down in a fit and broken her leg. On examination I found a dislocation, which I reduced and temporarily applied a cold-water bandage to. As the patient was frequently subject to epileptic fits, and her guardian (A.) was unable to give her case the necessary attention at home, he applied to the relieving officer to have her removed to the workhouse infirmary. This officer being away from home at the time, A. was directed to B., who is the medical officer to the board of guardians. A. explained the case to B., who sent him to his partner, C. C. thereupon visited the patient, and although he was told that I had already visited and treated the case, examined the limb, ordered hot fomentations to be applied, and promised to call next morning and bandage it. I was informed of this at my next visit to the patient, and at once wrote to C., asking him if he was aware that the patient was already under my treatment, but have had no reply from him yet, although it is over a week since he received my letter. I may also mention that C. did, after the receipt of my letter, visit the patient again the next morning, and, in the course of conversation, not only criticised my treatment, but gave A. to understand that I was not a registered practitioner.

*** Assuming that the above statement fairly represents the facts, there can be no reasonable doubt that the course of action pursued by C, was, medico-ethically, indefensible and calculated, moreover, to produce an unjust imputation on the professional position of our correspondent; thereby he not only exposed himself to severe medical criticism, but, if unretracted, probably to legal conviction for defamation.

# NAVAL AND MILITARY MEDICAL SERVICES.

## MEDICAL OFFICERS IN WEST AFRICA.

Major Fairtlough, in his official report of the West African expedition against the Sofas, speaks of Surgeon-Major A. H. Morgan as especially active in the arrangement of his particular department, and, with Surgeon-Captain C. L. Josling, as having done good service in the field.

Admiral Bedford calls attention "to the services of Fleet-Surgeon W. R. White, who, although wounded himself, has been unremitting in his attention to the wounded; also Surgeon F. W. Collingwood, lent from the *Widgeon*, who has had care under the Fleet-Surgeon of the patients remaining on board. The speedy recovery of many men in hospital I ascribe to the care and attention given by Surgeon C. J. Fyfe, whom I placed in charge of the sick quarters, where some of the most critical cases were treated."

The Lords Commissioners of the Admiralty, in acknowledging the receipt of Admiral Bedford's despatch, endorse the recommendations made by that officer, and express their commendation.

Of Surgeon W. Bowden, his superior officer Colonel A. D. Corbet, Royal Marines, writes: "I beg to bring to notice the meritorious services rendered by Surgeon W. Bowden, R.N., in medical charge of the column under my command lately operating in British and Foreign Combo. Cool under fire, this officer's services were especially useful during the action at Sabbajee, where, owing to various circumstances, there was but one combatant officer besides myself present.....In this officer's care I placed the reserve ammunition, and charged him with the duty of issuing it as required. To his practical care I attribute the fact that during the operations, extending over about fourteen days, no man was incapacitated from marching, through sore and blistered feet—a detail of no small importance.....Surgeon Bowden was, on one occasion, somewhat severely scorched."

### THE NAVY.

Deputy-Inspector-General Henry Hadlow has been placed on the retired list, at his own request, with permission to assume the rank of Inspector-General of Hospitals and Fleets, May 7th. Appointed Surgeon, July 22nd, 1859, he was made Staff-Surgeon, December 8th, 1868; Fleet-Surgeon, September 20th, 1880; and Deputy Inspector-General, May 3rd, 1889. He was Assistant-Surgeon of the *Conqueror* at the attack on the