

of cases of oöphorectomy were performed that were not imperatively called for.

If, then, Dr. John Taylor and others, instead of raising side issues will set themselves to prove the erroneousness of the view arrived at, it will then be time to consider whether the adopted resolution can be expunged from the minutes of the Medical Institution; but until this difficult task is accomplished it can hardly be expected that the Medical Institution will stultify itself, and cast a slur upon the "Enquiry Committee," or that the minds of those who upheld the resolution will be able to comprehend the contention of Dr. John Taylor and others.—I am, etc.,

Liverpool, Dec. 26th, 1900.

ARTHUR WIGLESWORTH.

. As it is understood that this matter is again to be brought before the Liverpool Medical Institution, we think that this correspondence should not be continued.

TIPS TO MIDWIVES.

SIR,—Of the several practices that seriously affect the dignity and purity of our profession, not the least offensive is the giving of commissions to midwives and monthly nurses. This practice is very widely spread, though in some districts it is more common than in others.

Although the "commission" is not given usually as such, the practical result is that the practitioner who gives the greatest sum is, amongst a certain class of patients, most frequently in request, whilst he who does not care to bribe is least.

The custom is for the nurse to pay the doctor his midwifery fee, expecting that a shilling or half-crown, or larger sum, be left in her palm.

Amongst women of the working and trading classes, the nurse is usually engaged before the doctor, and the nurse recommends the practitioner who "leaves in her hand" the largest sum. Or, if the expectant mother have already "engaged" her doctor, she is induced to break her contract in favour of the nurse's subsidiser.

Almost ostentatiously, Sir, we parade our dislike of advertisement, and call it "infamous." Is it too much to hope that the bribery of midwives, whether tacit or overt, be condemned by the General Medical Council and our Association?

I cannot well conceive a position of greater humiliation than that of the practitioner who knows that his reputation and position rest in any degree on the sixpences he leaves on the septic palm of an unqualified midwife.

I am quite aware that anyone who attacks abuses must expect retaliatory insinuations. I freely admit, then, that my own consistent refusal to give commissions to midwives has repeatedly operated to my own disadvantage and to the advantage of those of my colleagues who bring the less reputable practices of commerce into medicine. Indeed, I find I am driven in self-defence to discount the insinuations of midwives and nurses by explaining to those who desire my attendance on them the reasons of the hostility of local "Gamps."

And it is gratifying to observe the disgust of intelligent and honest women at the facts. I do not care for anonymity; but I do not wish to make an attack on my local colleagues, and prefer to raise the broad question of the abstract morality of this practice.—I am, etc.,

December 11th, 1900.

G. P. JUNIOR.

MILK: GOOD CONDENSED v. DOUBTFUL FRESH.

SIR,—It would be very desirable to elicit, if possible, an authoritative opinion as to the desirability of using fresh or tinned milk for the sick in the field. I have observed that many witnesses before the Royal Commission stated that on certain occasions no fresh milk was available for the patients; and this seems always to have been considered a legitimate grievance. My own experience, such as it is, tends rather in the opposite direction. Most excellent brands of tinned and unsweetened condensed milk are always obtainable from the supply depôt, and when these are appropriately diluted with boiled water a reliable and nutritious article of diet is produced which is seldom demurred to by the patient.

Fresh milk, on the other hand, is often only procurable with difficulty. It may be of any degree of poverty. It is often brought in long distances from out-lying farms, well churned up in its journey across the veld. It is collected and packed

by natives, and however clean all the hospital utensils may be there is no possible guarantee that it has not been fouled at the start or on the journey, and the thick layer of dust and dirt often discernible at the bottom of the milk tins is strong evidence that such is the case.

Finally, as a measure of safety, on arrival at the hospital it is boiled or sterilised as a measure of precaution before being given to the patients, and thereby, I believe, parts with much of its digestibility. It is small wonder under these circumstances that, when the full quantity of fresh milk indented for is obtained day after day large quantities of it go sour, if not on arrival at the supply depôt, immediately after arrival at the hospital, causing the issue of tinned milk to be a matter of necessity. I would ask, therefore, would it not be far better to recognise the difficulties of the situation, and issue preserved milk for use in hospitals, specially selected brands being employed for the purpose? Or is there really some mysterious dietetic value about this dirty dubious boiled fresh milk we hear so much of, which renders its employment essential? Of course one hears sometimes that patients "cannot take condensed milk," but that usually means that either they have been given the sweetened condensed milk, which should only be used for convalescents, or that "tinned" milk has been given undiluted, and it has been too rich for them. My own experience has been that good tinned milk can be given without the patients at all noticing the fact.

It is hardly necessary to call attention to the saving of trouble and worry to hospital stewards and quartermasters, and the economy to Government which would result if this question could be authoritatively settled in favour of the tinned or condensed milk. Its vital importance will be realised when the number of enteric cases treated in South Africa is considered.—I am, etc.,

E. CARRICK FREEMAN,

Major R.A.M.C.

Bloemfontein, S.A., Dec. 2nd, 1900.

THE TOXIC ACTION OF CACODYLATE OF SODIUM.

SIR,—It would be interesting to know the condition of the digestive powers of Dr. Murrell's case reported in the BRITISH MEDICAL JOURNAL of December 22nd, 1900, for, personally, I find little or no difficulty in the administration of the cacodylic preparations, providing a fair amount of food can be assimilated, and that care be taken, as in the administration of the ordinary arsenical preparations, to commence with a small dose. To begin with, I should advise from $\frac{1}{4}$ gr. to $\frac{1}{2}$ gr. twice a day after food, interrupt at the end of a week and then renew its use; tolerance invariably becomes established in course of a short while, and the dosage may then be increased, but in no case continue the administration without a systematic interruption at the end of each week or ten days.

A very convenient and acceptable way of giving the cacodylate of sodium is in the form of liq. cacodylicus (Squire's).—I am, etc.,

Bournemouth, Dec. 24th, 1900.

A. KINSEY-MORGAN, M.D.

LEGAL RELATIONSHIP OF PRINCIPAL AND ASSISTANT.

SIR,—In an article on the Legal Relationship of Principal and Assistant, in the BRITISH MEDICAL JOURNAL, of December 22nd, 1900, p. 1808, the writer says, "a search through the law reports fails to disclose any case of negligence on the part of qualified assistants for which their principals have, or have not, been held answerable;" and he would seem to imply that the principal would not be liable for damages in cases of malpraxis committed by his qualified assistant.

If this is his meaning, I do not think it is a correct rendering of the law. I am of opinion that in accordance with common legal principles an action would lie against either the assistant or the principal, and that the latter could not get out of his civil liability on the grounds that his assistant was a registered practitioner.

I think, too, Sir, that a case was tried a short time ago at one of the western assizes, and reported in the BRITISH MEDICAL JOURNAL, in which damages were recovered against a principal for the malpraxis of assistant or *locum tenens*.—I am, etc.,

Hackney Road, N.E., Dec. 24th, 1900.

M. GREENWOOD.