independent medical practitioners as professors in Government colleges, but suggested the establishment of private institutions where the abilities of such men could be utilized.

In reply to Mr. Sly, Sir C. P. Lukis said he would have no objection to Indians being given scholarships to proceed to England for additional medical training after they obtained their diplomas. He would accept the scheme of study leave applicable to military assistant surgeons, civil surgeons, and Indian Medical Service officers.

In reply to Mr. Ramsay Macdonald, M.P., he said that he held that the Indian Medical Service was essential from a military point of view and that all personal and private considerations and claims of race must be subordinated. In replying to questions concerning the unpopularity of the Indian Medical Service with young men at home, he said that he believed the Indian Medical Service was now as safe as it ever was and that it presented as many opportunities for good careers as ever. He had been preaching that gospel for some little time and was horrified to find how little impression he could make. The trouble had arisen since Lord Morley's circular, and there was also a belief that the military service in India was going to be wholly Royal Army Medical Corps.

In answer to Sir Valentine Chirol, he said that in order to bring India up to the numerical standard of practitioners in Great Britain there would be required a total of 250,000 practitioners.

On November 22nd, 1913, Colonel C. J. Bamber, M.V.O., Inspector-General of Civil Surgeons, Punjab, and Rai Sahib Pandit Balkishen Kaul were co-opted to be members on behalf of the Indian Medical Service and the Provisional Medical Service respectively.

The first witness was Dr. Bhawat Ram Sawnney, representing the Punjab Medical Union. He said that the attendance at British institutions made students of medicine reliant and efficient, and he agreed with those who held that no Indian should enter the Indian Medical Service without possessing British qualifications. He was not in favour of Indian Medical Service officers taking professorial work, and urged that the professors of medical colleges in India should be recruited in England. Indian Medical Service officers with the necessary training, qualification, and ability made good professors, but they did not, after reaching India, obtain the experience essential for teaching. He urged the reduction of the present medical service by one-half and the substitution of private practitioners; he would have all surgeons trained in England, but would exempt assistant surgeons from such training until they were ready to take a full surgeoncy. In reply to Sir Valentine Chirol, the witness, while admitting that private practitioners could be encouraged without so sweeping a change as he had suggested, held that the change would be without serious effect on the Indian Medical Service. In reply to Lord Ronaldshay, he said that if the training were sufficiently good it would be possible for Indians to study in India. It was mainly the professorial class he desired to send to England.

Lieutenant-Colonel H. Smith, I.M.S., Civil Surgeon, Amritsar, representative of the Indian Medical Service in the Punjab, said that Lord Morley's circular had left a feeling of uncertainty about the future. He thought all Indian candidates should go to England; though the standard of Indian colleges was up to the times, they lacked the social life of an English college. He would restrict the number of Indians who entered the I.M.S. to 20 per cent. In reply to Mr. Ramsay Macdonald, who invited the witness not to answer any question he thought improper, Lieutenant-Colonel Smith said that the scope for corruption and bribery for a civil surgeon engaged in legal work was enormous. There was a danger of judging India by English standards, but there was no such thing as professional etiquette, as it was understood in England, among certain classes of medical practitioners in India; they engaged, for instance, in a kind of advertising.

Lieutenant Fleming, Deputy Superintendent of the Lunatic Asylum, Lahore, and a member of the Subordinate Medical Department, said that though the members of the department were entitled to a month's privilege leave in a year, they did not obtain it, and often Sundays and public holidays were working days for them. In reply to Mr. Abdur Rahim, he said that while he did not make any suggestion as to the limitation of Indians in the medical department, he was of opinion that Europeans wielded greater influence and commanded more respect. In reply to Mr. Gokhale, he said that it was possible for an Indian and Mohammedan civil surgeon to show favouritism in attending patients, but withdrew the statement that this actually occurred. In his opinion Indian patients preferred European surgeons in India.

At its meeting on November 24th, the Commission co-opted Colonel C. J. Bamber, M.V.O., Indian Medical Service. Assistant-Surgeon Malir, representative of the railway section of the Indian Subordinate Medical Department, said that the assistant surgeons in that department demanded the same privileges as were granted to the Indian Medical Service; they performed the same duties as civil surgeons and acted independently. In reply to Colonel Bamber, he said that he knew many cases in which military assistant surgeons were serving under civil assistant surgeons, and he saw no objection to it. The alleged superiority of the civil surgeons over military assistant surgeons existed in theory only; in practice the military had more outdoor work to do and gained more experience.

Lieutenant-Colonel S. Browning Smith, I.M.S., Sanitary Commissioner of the Punjab, said in reply to the Chairman that for the sanitary department officers drawn from the military were better than those in civil employ, since a medical officer of a regiment had heavy work to do in respect to the sanitation of troops. He was of opinion that there were many Indians well fitted for sanitary work in view of their knowledge of public health and their acquaintance with the language and customs of the people. The attractions of the department were limited, and he suggested that promotion in it should be from one list for all India. In reply to Mr. Ramsay Macdonald, he said that he saw the advantage of women doctors in sanitary work, but did not think that the stage for their employment had yet been reached. In reply to other questions, the witness said that the reorganization of the department was going on, and the awakening of public interest in sanitation in India had progressed so far as to justify a considerable increase in the staff.

Major J. C. Robertson, I.M.S., Sanitary Commissioner with the Government of India, advised the formation of an all-India sanitary and bacteriological department. It was essential that Indians should be recruited to the department. At present he would prefer European superior officers because of their extra knowledge. In reply to Mr. Chaubal, he said that he would be disposed to give superior posts to the best Indians from the Indian medical colleges, provided they went to Europe for two or three years to study sanitation.

Major R. M. Dalziel, I.M.S., Superintendent, Central Gaol, Punjab, said that the Gaols Branch was not popular. In reply to the Chairman, who asked whether it was necessary to put Indian medical officers in this branch of the service, the witness said that Indian Medical Service officers had conducted the gaols so well that he saw no need for a change. He was not in favour of transferring superintendents from one province to another, but advocated promotion in the same province to the inspector-generalship. The central gaols in big cities gave good scope for the training of superintendents. In reply to Sir Murray Hammick, he said that he did not think assistant surgeons should be placed in charge of gaols, nor that the governorship and the surgeoncy of a gaol should be held by different men. Visitors were appointed officially to visit gaols.

Dr. A. Lankester, Honorary Secretary of the Medical Missionary Association of India, said that he had had twenty-two years' experience in the country. He expressed the opinion that there should be a considerable increase in the staff of the medical service in India, and that the Government should call in voluntary agencies more and more to help. He considered that the civil surgeons were overworked, and did not believe that the staff was sufficient for the work the Government had now entered upon. In reply to the Chairman, he said that he considered that the Government hospitals were understaffed, and that there would be advantage in having private practitioners as honorary surgeons. It was most important that a Medical Act should be introduced in India. He advised that the civil side of the Indian Medical Service should be the premier branch, and that the military side should be recruited from it. To ease the work of the civil surgeons, he would place the non-official charge of gaols in the hands of non-medical officers. He advocated the abolition of private practice for civil surgeons, and suggested that they should be compensated for the loss.

Public Health AND POOR LAW MEDICAL SERVICES.

NEW POOR LAW ORDERS.

POOR LAW INSTITUTIONS ORDER, 1913.

THE Departmental Committee of the Local Government Board is doing good work, and Mr. John Burns is pushing forwards, if somewhat tardily, important Poor Law reforms. Two new Poor Law Orders have just been promulgated dealing with Poor Law institutions, and although exception might be taken to some of the details, most Poor Law reformers will agree that a step has been taken in the right direction.

The Royal Commission was unanimously of opinion that children should be excluded from the common workhouse, and after March 31st next, "a child shall not be retained in the institution for a period exceeding six weeks," unless under certain conditions that forbid its immediate removal (Part I, Article 4).

Article 3 deals with the classification of the inmates of Poor Law institutions, and strikes a blow at the too frequent confusion at present existing in this respect. The irregular and disorderly mixing together of all sorts and conditions of pauper life has long been a blot on our Poor Law administration. As we are chiefly concerned with the medical aspect of Poor Law reform, it will be useful to note the changes that have been brought about in the medical administration of Poor Law institutions by the recent Orders. On the whole it must be admitted that they tend to a more efficient service, but, as is too often the case, the welfare and convenience of the medical officer is sacrificed to the public good. A large amount of additional work is thrown upon him, and there is no indication that

it is proposed to give an increased remuneration. The following may be taken as an epitome of his increased duties:

He is to keep a record of the medical history of the physical and mental condition and fitness for employment of all persons admitted to the workhouse.

He is to supply the guardians with written recommendations before they deal with the classification of certain inmates.

He is to keep records of the medical history, diet, and treatment of each inmate of a sick ward or a mental ward, and of each infant under the age of 18 months.

He is to examine every infant under 18 months not less often than once in two weeks, and every infant above 18 months and every child at least once a month, and to record the result of such examination.

He is to furnish the medical officer of health with such information as the Local Government Board may direct with respect to cases of sickness or death within the institution.

He is to supply to the clerk of the guardians, so far as matters affecting his office are concerned, any information necessary for the purpose of any report, answer, or return required by the Local Government Board, or their officers, or by the guardians, or otherwise required for the business of the union.

The only offset against this additional work is that the Medical Relief Register is to be abolished. To do this additional work in large unions it will be necessary to provide some means to carry out all the clerical work, and an additional assistant medical officer will have to be appointed. In smaller unions the medical officer ought to be compensated for the additional time he will have to devote to his duties. But upon these obvious corollaries the Order is silent.

The proposed repeated examinations of healthy children seem to be unnecessary. What is required is that the children's wards should be under the control of the medical officer, that the children should be under the direct supervision of trained nurses directly responsible to the medical officer, that they should be periodically weighed and measured, and that they should be examined by the medical officer as often as he thinks necessary.

With regard to another important matter a serious protest must be made. As a matter of fact the Order places the medical officer, as regards subordination to the workhouse master, in a worse position than at present. The Order lays down definitely that the master is to govern and control, subject to the directions of the guardians, the institution and the officers. This would seem to include the medical officer, and, as if to give point to this subordination, the duties of the medical officer are placed after those of the master, instead of preceding them, as they do in the General Consolidated Order.

POOR LAW INSTITUTIONS (NURSING) ORDER, 1913.

The Poor Law Institutions (Nursing) Order will tend to improve the nursing arrangements in the Poor Law service.

Article 2 makes it compulsory on the guardians to appoint a superintendent nurse wherever in an institution there are more than 100 beds for sick inmates; Article 4 insists on the presence in a Poor Law institution of at least one officer who holds a certificate of having undergone for three years a course of instruction in the medical and surgical wards of a hospital or infirmary, being a training school for nurses; and Article 5 lays down important safeguards to ensure the proper training of superintendent nurses and midwives to Poor Law institutions.

The superintendent nurse is required to report direct to the House Committee on any matters affecting her duties which may require consideration. There is no doubt that this is an improvement upon the present condition, but it does not go far enough. A system which places the supreme control of the sick wards in the hands of a lay officer and subordinates the medical and nursing staff to him is radically wrong and cannot be allowed to continue. The interests of the sick in the workhouse demand that the sick wards shall be entirely separated administratively from the rest of the workhouse, and placed under the control of the medical officer, to whom the superintendent nurse must be directly responsible. The workhouse master must be entirely excluded from the control of the sick wards, for which, however, he might still act as steward under the medical officer.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

Panel Patients.—The Honorary Secretary of the Poor Law Medical Officers' Association of England and Wales asks us to correct a statement in the report of their last Council meeting that the demands of the Bethnal Green Guardians had been acceded to by the infirmary medical officers with regard to the payment by them to the guardians of fees received for attendance on employees of the guardians as panel patients. It would appear that the Honorary Secretary's information in this matter was incorrect.

Obituary.

SILAS WEIR MITCHELL, M.D., LL.D.,

EX-PRESIDENT OF THE COLLEGE OF PHYSICIANS, PHILADELPHIA.

THE medical profession throughout the world will mourn the death of Dr. Weir Mitchell, which took place on January 4th, in his 85th year. Though the measure of his years was more than full, the activity of his intellectual life continued to the end. Our American contemporary, *Science*, of December 12th, contained an admirable memoir of the late Dr. John Shaw Billings read by him in November before the National Academy of Sciences at Baltimore. He was one of the few intimate friends of that remarkable man, whom he calls a "rather taciturn and reserved gentleman."

Dr. Weir Mitchell had earned the highest distinction in two widely different fields. One of the foremost neurologists of his time, he also held a leading place among American writers of fiction in the latter half of the nineteenth century. The son of John Kearsley Mitchell, a Philadelphia physician, Silas Weir Mitchell was born at Philadelphia on February 15th, 1829, and received his literary education at the grammar school and University of Pennsylvania. Turning to the study of medicine he graduated M.D. at Jefferson Medical College in 1850. He then settled in practice in his native city. In 1863 Dr. William Hammond, then Surgeon-General of the United States Army, placed him and Dr. George R. Morehouse in charge of a hospital in Philadelphia for soldiers suffering from nervous diseases. The scope of this hospital was soon enlarged to include men suffering from injuries of the nerves. Before long it was found necessary to build a new hospital with accommodation for 400 patients; there a vast number of cases representing almost every conceivable type of obscure nervous diseases were received. Few persons have ever at any time had such a field for the study of these maladies, and Dr. Weir Mitchell and his colleagues made full use of their opportunities. The first-fruits were two important papers by Mitchell, Morehouse, and Keen—one on reflex paralysis, treating of cases of sudden palsy following wounds in remote regions of the body, the other on the antagonism of morphine and atropine. In conjunction with his colleagues Weir Mitchell also produced a remarkable paper on malingering, and a book entitled *Gunshot Wounds and Other Injuries of Nerves* (1864). After serving in the United States Army for four years, Weir Mitchell returned to civil practice. He continued to give his attention to nervous diseases, and became the leading authority on the subject in America. He made a number of important researches on the poison of the rattlesnake, and on the effects of morphine, chloral, chloroform, and ether. In the BRITISH MEDICAL JOURNAL of December 5th, 1896, p. 1625, we had the privilege of publishing a paper by him on the effects of *Anhelonium lewinii* (the mescal button) a vision-producing drug used by the Indians of New Mexico. He made experiments on himself to test its power. He gave a vivid description of the vision-stars, zigzag lines of colour of extraordinary brilliancy. On the whole, the effect of the mescal button on him was more or less what is experienced in some ophthalmic megrims. The JOURNAL also published an address delivered by Dr. Weir Mitchell at Netley on the occasion of the distribution of prizes in July, 1894 (BRITISH MEDICAL JOURNAL, August 11th, 1894).

He embodied the results of his experience in the observation of nervous diseases in a number of books which made his name a household word among his professional brethren. Among these may be mentioned *Wear and Tear: or Hints for the Overworked* (1871); *Injuries of the Nervous System and their Consequences* (1872); *Diseases of the Nervous System* (1881); *Lectures on Diseases of the Nervous System, especially in Women*, dedicated to Hughlings Jackson (1881); and *Clinical Lectures on Nervous Diseases* (1897). His famous treatise, *Fat and Blood: an Essay on the Treatment of Neurasthenia*