

at the Milan Congress, especially in syphilitic affections of the labyrinth, up to 1886. I may add that I first used pilocarpine subcutaneously in labyrinthine vertigo in 1879. I have since (as in a remarkably successful case of typical Ménière's disease, referred to in my *Handbook* in 1885), repeatedly advised and resorted to the use of pilocarpine in cases of labyrinthine vertigo. My success has been marked in some instances, and failure as complete in others has followed its employment. I may say in conclusion, that notwithstanding my unfavourable relations with this drug in one memorable case, I consider as a reducer of vascular tension, especially in ocular hypertension and effusion, when given subcutaneously in appropriate cases, it stands unequalled, and that prudently administered, it is as safe a remedy as any other powerful therapeutic agent we are daily using for other therapeutic indications.

141, Harley Street, W.

H. MACNAUGHTON JONES.

SIR,—Since the question of the efficacy of Professor Politzer's treatment of certain cases of deafness by the hypodermic injection of pilocarpine has come before your readers, I should like to state that, following Mr. G. P. Field's recommendation, I have used it in four cases. These occurred in the persons of three gentlemen, whose ages varied from 45 to 23, and one lady, aged 21. In each case the treatment was continued for six weeks, and in each of the male cases material improvement was effected. In the lady's case, I could not find any worth mentioning. It was not merely that I detected improvement in the three male patients by the usual methods of testing, but they expressed themselves as hearing with much greater facility.

If I remember rightly, four of Dr. Woodhouse's cases were over 60 years of age. It is, therefore, at least possible that ordinary senile degeneration had something to do with their failure to improve. My experience with the small number of cases I mention led me to believe that the full benefit of the treatment could not be gained in a less time than six weeks; and it is probable that in many cases an even longer period would be better.

I may remark in passing that, though rather full doses were employed in all four cases over a considerable time, no toxic or ill effects of any kind were produced by the pilocarpine.—I am, etc.,

HOWARD BARRETT.

3, Tavistock Square, W.C., July 24th.

VOTING PAPERS AT THE COLLEGE ELECTION.

SIR,—Mr. Lawson Tait's suggestion appears to me to be an excellent one, the only stipulation which is necessary being that every Fellow who votes in person shall bring his proxy paper with him.—I am, etc.,

CHARLES STEELE.

Richmond Hill, Clifton, July 30th.

A NEW METHOD OF EXCISING THE WRIST-JOINT.

SIR,—In the *JOURNAL* of July 20th there is a short article by Mr. Edward Thompson, of Tyrone, on the above subject. I understand by his paper that he considers excision of the wrist by a single dorsal vertical incision to be a new operation. On reference to the *Provincial Medical Journal* for September 1st, 1885, there can be found a description of the same operation illustrated by diagrams.

At the time of writing that paper I thought that the operation had not previously been done, and, although the exact incision adopted had not been described, the principle of the single dorsal vertical incision without division of tendons had been followed out several times in France and Germany.

I have since excised the wrist in the same manner on numerous occasions, and have every reason to be well satisfied with the results, some of which I hope to show to the members of the British Medical Association at the Leeds meeting in August. This method presents very manifest advantages in ease of performance, in thorough exposure of the joint without division of tendons, and in freedom from the danger of wounding any vessels or nerves of importance.—I am, etc.,

A. W. MAYO ROBSON.

Hillary Place, Leeds.

A LAW was recently passed by the Legislature of New York State forbidding the sale of cigarettes to children under sixteen years of age. The *New York Medical Record* reports that a conviction was recently obtained, the offender being fined fifty dollars.

HOSPITAL AND DISPENSARY MANAGEMENT.

ALLEGED ABUSE OF OUT-PATIENT DEPARTMENTS.

SIR,—Perhaps as the mover of the resolution passed by the joint meeting of the Worcestershire and Herefordshire and Gloucestershire Branches, after the reading of Mr. Moore's valuable paper, and which resolution, discussed at many meetings of the Branches, has given rise to so much interesting correspondence in your pages, I may be allowed a few lines just before the annual meeting in order to clear the ground for discussion, and also to set our members thinking how the gigantic work cut out for them is to be done.

Every one of the abuses enumerated in Dr. Rentoul's resolutions can be proved from the actual experience of scores of county hospital physicians like myself, as well as from that of a still larger number of hospital surgeons. It is of no use taking the opinions of the physicians and surgeons of our metropolitan hospitals, or of the lecturers at the medical schools. They look upon the dense mass of hospital out-patients only with an eye to clinical research, or to the glorification of their own specialities.

As regards the abuse of clubs, we also know from our own experience that it is a more flagrant and crying evil than even the out-patients of hospitals. When we find that the most thrifty and well-to-do of our trading classes get up their medical aid societies, and paying in their boldest manner their fee to a consultant when they find their "young doctor" somewhat at sea in their cases, or when we find this same class of persons palming themselves off upon the provident dispensary, that palladium of the really poor; or when we see a nobleman going to a hospital to get his bruised hand dressed, and leaving without handing an honorarium to the surgeon who attends to him—whilst such things are, I say it is of little avail to haggle about which is the greater abuse of the two. No, Sir, the grounds of complaint are clear enough; it is the remedy which has to be sought for. And that remedy must be taken up and sought for by the British Medical Association. There is no other body to which we can look for aid. It is of no use going to the Royal Colleges; they never did anything for us, and never will. Our Association, if it puts forth its strength, is all-powerful with the profession, and may be made so with the public. But discussion at our annual meeting will not do the work. It should be taken up by the Council, which, as a thoroughly representative body, is in touch with three-fourths of the members of our profession.

I should recommend Dr. Rentoul to condense or shorten his resolutions, so that they may enter clearly into the mind of the meeting, and then an overwhelming majority will demand that this matter be taken up by the governing body of the Association to be thoroughly thrashed out and brought, in a practical shape, before the next meeting in London.—I am, etc.,

WILLIAM STRANGE, M.D., Vice-President.

Worcester, July 30th.

SIR,—In 1873, and five or six following years, I did all Dr. Rentoul is now doing to expose the rotten system of free medical aid, but, unlike him, did not succeed in rousing the general practitioner to a consciousness of his degraded position! I regret to find that still there is no disposition on the part of hospital men to give a help. Indeed, with but one or two exceptions, they hinder rather than promote one's efforts; and Sir Andrew Clark, in his remarks, indicates precisely the position almost every hospital physician and surgeon would take up if challenged. This conduct deserves the censure of the whole profession. He knew how much value would be attached to his utterances, and what right had he to give expression to his own opinion without making himself acquainted with statistics, which, thanks to Dr. Rentoul, are easily obtainable by anyone, giving overwhelming evidence of the incorrectness of his figures?

I had the honour to be secretary to the committee appointed by your Association "to investigate the working of the provident dispensary system in Manchester." We had no help whatever from the hospitals, and the "managers" of the provident dispensaries absolutely refused investigation of their books. About that time I published a sliding wage scale.

The first thing we must do is to demonstrate to the public the need of reform—not in the out-patient department only, but the in-also, the management of which is a scandal! Take one ex-

ample—the cost of a nurse to any private family. The hospital pays her perhaps £20 to £25 a year; the authorities demand 30s. a week at least for her services. This is what a charitable public get in return for often strained efforts to give a donation to a fashionable hospital. The widow may give her mite, and popular princesses receive purses; but the hard-headed business man has found out how his money is misappropriated, and will help us to secure to ourselves fair play, if we determine to obtain our rights.

But yet the chiefest cause of all the mischief is the tenure of office on the staffs of hospitals. Shorten the periods, and we should find out the men of worth, and have fewer manufactured great men, who, with no real merit, are made popular. It is simply being attached to a large institution. Five years is ample for any man to hold a surgeoncy. The cant about teaching is intolerable. On a lecture morning what is the proportion of patients “carefully examined” to those sent away with a bottle? Is Sir Andrew Clark’s greatness due to his having carefully investigated the multitudes in his out-patient room?

Finally, I trust we shall have a great meeting at Leeds, and that Dr. Rentoul will enrol a whole army of helpers. For my part, I shall throw all my energy in with him and help to accomplish a work much needed; but I cannot close without a word for the much-abused “dispensary doctor,” or “sixpenny doctor.” I look upon him as a man, compared with a hospital physician or surgeon; at least, he is honest as to what he pretends.—I am, etc.,

JAMES BRASSEY BRIERLEY.

Old Trafford, Manchester, July 30th.

SIR,—Perhaps the best answer to be made to your correspondent “Critic” is to narrate as briefly as possible what occurred—I think it was two years ago—when Sir Andrew Clark presided at a meeting of the Provident Medical Association, in the rooms of the Society of Arts, Adelphi. Mr. Lushington, Mr. Bousfield, and some others well known for their interest in hospital matters were present, and spoke on the occasion.

Mr. Bousfield ventured to make some reflections on the manner in which out-patients are treated at the large hospitals; how long they are obliged to wait, and how difficult, if not impossible it must be to give proper attention to such a number; and, more than that, he went so far as to suggest that unqualified students were not infrequently engaged in prescribing for such patients.

This suggestion called forth from Sir Andrew Clark an indignant protest against any reflections of such a nature being made, at least upon the hospital where he had himself spent his time in the out-patient department. There was a gentleman present who got up and confirmed what Mr. Bousfield had suggested, and, what was more, he said it was true of the London Hospital. Sir A. Clark distinctly denied it; but when the gentleman went on to say that he himself had been a student at the London, and had prescribed for patients often, and that it was a common thing for students to do this, the impression produced upon the audience was a little painful. Sir A. Clark said that so far as he was concerned, he had no knowledge of this. The gentlemen quietly remarked that he accepted the statement with that reservation.

Not long ago I had the pleasure of discussing hospital matters with a well-known London hospital governor.

“I met a friend,” he said, “recently, who was looking ill, and I asked him some questions, which led to his telling me that he was going to Carlsbad for his health. He was pretty well off, that is, he had an independence of about £700 a year. A few days after he wrote to me to ask for a letter for the—hospital, as he would like to consult one of the physicians. He could quite well have afforded two guineas. I am ashamed to say I sent him a letter.”—I am, etc.,

ANTI-CRITIC.

SIR,—Sir Andrew Clark has written to me saying that he is obliged to me for having drawn his attention to the error in his speech at the Mansion House, and that he will have the statement omitted in the reprint of his speech.

I think there is rather too much being made out of Sir Andrew Clark’s statements. He admits the abuse. This is an advance on the statements of those who say “there is no abuse whatever.”

I quite agree with “Critic” when he states that, unless we secure the help of those medical practitioners who hold hospital appointments, we shall have great difficulty in succeeding. I can hardly go with him in his definition of “general practitioners” when he separates them from “hospital physicians and

surgeons.” My experience is—and I think it is the experience of most of us—that a large majority of “general practitioners” act as the physicians or surgeons to medical charities. I have the pleasure of knowing many surgeons to hospitals who can and do treat a case of pneumonia or liver disease as well as any hospital physician. The medical practitioner who holds a hospital appointment is as anxious for reform as anyone, only he is afraid of offending his committee, and so dreads future non-advancement. In the various trades unions there is generally a “victims’ fund,” that is, a fund to support those who have been dismissed for their defending the rights of the union. Human nature is generally alike, and so men do not care to come forward for fear of social boycotting.

I trust that shortly we members of the Association shall have the privilege and right of a proxy vote for our annual meetings, as recommended by Dr. Hugh Woods. It is perfectly absurd to expect medical practitioners to attend our annual meetings. We have about 13,000 members. About 1,000 will come to Leeds. Perhaps 50 to 80 will discuss the question of hospital reform. Only those who are financially well off are likely to appear. For my part, I cannot see why the great mass of our profession can be expected to leave their work, to lose part of their fees, to pay a *locum*, and defray travelling and other expenses. I suppose if the average holiday were taken for doctors, it would be about seven to ten days. Even the Branch meetings are not well attended. For all these reasons I hope thus that a proxy vote will be allowed when questions affecting the general interest of the profession are to be voted on.

It is pleasant to note the many Branches approving of the Gloucester resolutions, demanding an inquiry into the abuse of hospitals. It is to be hoped that this movement will grow, and that, at the Leeds meeting, we shall not be content with passing some shadowy and indefinite resolution—thus putting back reform for some years. Dr. George Stoker says that the provident dispensary scheme was proposed in 1854; Dr. Smith, of Southam, and Mr. Jones, of Derby—according to the statement of Dr. Ogle—founded it. What advance have we made in these thirty-five years? I fear, if anything, we have stood still. The apathy of medical practitioners and their want of care in studying social questions is much noticed by the public, and, if for this reason alone, I think we should try to advance.

“Anti-Critic” has called attention to the by-law of the College of Physicians, that no Fellow or Member shall, under colour of a benevolent purpose (abuse recognised even here), prescribe for any patient whom he knows to be under the care of another doctor. Is this now a dead letter? For is it not well known to us all that a very large number of persons go to the medical charity once, and to secure an opinion, and so compare notes regarding the treatment pursued? Why can we not be honest with each other? “Make a penny honestly” used to be the mark for acting up to. Now it is “make a penny”—“honestly” left out. “Do you me, or I’ll do you,” is the motto of a Stock Exchange. Have we “members of the Christ-like profession,” not our “brethren,” who try to “corner” not only all the patients, but appointments also?

On December 7th, 1886—Sir Andrew Clark in the chair—it was unanimously resolved: “That the attention of governing bodies of hospitals and other public authorities be called to the necessity for some check on the indiscriminate provision of medical treatment at hospitals and dispensaries.” Proposed by Mr. W. Bousfield, and seconded by Mr. Nelson Hardy, F.R.C.S. Edin.—I am, etc.,

ROBERT R. RENTOUL, M.D.

SIR,—“Critic’s” letter of July 6th seemed to me little more than a quotation from Sir Andrew Clark, and to this replies were directed. “Critic” now calls attention to the fact that Sir Andrew Clark and his colleagues have neither repudiated, modified, or explained the opinions which Sir Andrew Clark therein expressed. Sir Andrew Clark said, speaking of Manchester: “They investigated the matter carefully, I am told, and what do you think was the conclusion they came to? It was that about 8 per cent. of the people who attended at the infirmary might have contributed a little to some provident dispensary where they could have got relief. Eight per cent., etc.” Now I beg respectfully to challenge Sir Andrew Clark either to substantiate or to withdraw his statement that 8 per cent. was the abuse rate found.

“Critic” points out, secondly, that without agreement with the President of the College of Physicians, and the hospital physicians whom he represents, we are predestined to meet most serious dif-

facilities. We are well aware of it, and would, with all due humility, seek their co-operation, if we saw any chance of obtaining it. But while they openly style us "crotchetsmongers," and the like, we will not go on our knees to them, and we will do our best to overcome the difficulties they throw in our way. Supporting right against might, we trust to carry reform in their teeth if necessary.

It is quite true that the three parties mentioned by "Critic," namely: (1) the hospital subscribers, governors, and managers, (2) the hospital physicians and surgeons, (3) the general practitioners, ought to act together in bringing about the much needed reforms; but, unfortunately, a large number of Class 2 are opposed to reform.

The subscribers to hospitals, and the public generally, must be taught the plain truth of the matter, and "Critic" is undoubtedly right in thinking that we have a difficult task before us, especially while leaders of our profession systematically throw dust in the eyes of the public.

"Critic" holds out hope to us in case hospital physicians and surgeons were agreed, (1) "That there is an abuse of hospitals large enough to call for their interference." If the abuse (about 50 per cent.) is not large enough now, we give up. Besides, judging from Sir Andrew Clark's 8 per cent., things must appear to them five times smaller than they do to us. (2) "That they are called on to interfere." When gross abuse is proved, as it has been, every honest man is called on to interfere. (3) "In what way they should act." The method is a subject for discussion. It is a matter of duty to remove the abuses.

As to what "Critic" says about the President of the College of Physicians denying Dr. Rentoul's data and conclusions, let him disprove them if he can. Is he or Dr. Rentoul right about the abuse rate at Manchester?

We are perfectly ready to meet the arguments of hospital physicians and surgeons, but we will not submit to their dogmatic decision. Many of them will help us, I am sure, and we will pay respect to such as being "*primi inter pares*;" but we recognise no right on their part to claim submission from us, except of our own free will.

"Critic" seems to think that we shall not be able to convince the public of the need of reform. I believe that the public will be able to understand that by degrading the medical profession they are injuring themselves. "Critic" thinks that we must wait for the unanimous action of hospital doctors. Why not tell us to wait for the millennium? If "Critic" thinks we shall content ourselves with "mere empty protests and beating of the air," he may possibly be mistaken.

Dr. Henry's suggestions are very useful as pointing out the necessity of attempting reforms beyond that of the hospitals. I certainly think that much good would be done by making the examinations at the commencement of medical education much more difficult than they are at present. In this way overcrowding of the medical profession might be stopped at the right point by excluding the inferior men.

In conclusion, let me thank those who are coming forward to help in this hard contest, and let me ask others to give us their aid in fighting for the public good and the welfare of the medical profession.—I am, etc.,
HUGH WOODS.
Highgate, N.

SIR,—It is most urgent that the subject of hospital use and abuse should not be allowed to drop until some more satisfactory system of administering medical relief to the sick poor is arrived at; and that the fact that there is abuse of medical charities is beginning to be felt by hospital governors is evidenced by the report read at the annual meeting of the trustees of the Manchester Royal Infirmary on July 25th. It says:—"But the Board do not regard with satisfaction the circumstance that so considerable a portion of the working class of Manchester and the neighbourhood are in the receipt of charitable medical relief."

The lukewarmness of hospital physicians and surgeons on this matter is lamentable. In all the correspondence which has taken place, as "Critic" observes, there is no opinion coming from them. There can be no efficient reform until all the members of the medical staff of a hospital are paid for their services according to their work and status. "But," says someone, "this would be hindering the flow of charity." Not at all. If a physician at one of the large hospitals were in receipt of, say, £500 per annum, and felt that he would rather do the work for charity, he need only hand back his salary, and, as an annual subscriber of that amount, he would

have a voice on the Board of Management, which would be listened to with far more respect than as an honorary medical officer, and so would be avoided those unseemly differences which crop up at times between the Committee of Management and the Medical Board of nearly every large hospital. In this country it is wisely provided that every person, however poor, shall have the means of education for his children, and yet the teachers are not unpaid, and so we should provide that every citizen, however poor, may have the means of obtaining medical relief when sick—but why should the doctor go unpaid? If an army of B.A.'s and M.A.'s and LL.D.'s were to offer their services in teaching poor children gratis, the School Board would look upon them with great suspicion. At our hospitals for persons of unsound mind the medical attendants are paid, and the Commissioners in Lunacy are paid; why should not the same rule hold at our general hospitals?

This system of having honorary physicians and surgeons is a malignant growth in the profession for which there is no remedy but total extirpation, and the sooner it is done the better.

Another reform most urgently needed is the opening of State hospitals as schools of medicine.—I am, etc.,
Stretford, Manchester, July 29th. JOHN T. FAULKNER.

THE HOSPITALS OF THE MANCHESTER SHIP CANAL.
OUR Liverpool correspondent, who, through the kindness of Mr. Robert Jones, consulting surgeon to the works of the Manchester Ship Canal, recently had an opportunity of visiting the part of the canal near Warrington, and of inspecting the hospital at Latchford, writes: The canal, which will reach from Eastham, a village on the Cheshire bank of the Mersey, to Manchester, will be about thirty-two miles in length. The works are divided for medical purposes into eight sections of about four miles each. A medical man, resident in the neighbourhood, is appointed to each section, his function being to visit at their own homes such of the workmen or their families as are sick, and to see them at stated hours at the surgeries which are placed at intervals along the line. There are three hospitals in connection with the canal, namely, at Ellesmere Port, Latchford, and Barton, intended for the treatment of severe accidents and acute diseases. Each hospital is a substantially built wooden structure. It contains three well-lighted and well-ventilated wards; a general ward, over sixty feet long, a women and children's ward, and an emergency ward; an operating room, dispensary, and splint room; apartments for the resident staff, laundry, and offices, and can accommodate twenty patients at a push. It is in charge of a resident house-surgeon, a sister, and a trained nurse. A great number of accidents requiring major operations have occurred since the works began, but there has been a remarkable freedom from infectious outbreaks. The whole medical service of the canal is under the direct supervision of the consulting surgeon, who resides in Liverpool. He performs all major operations, and has the care of the cases in the hospitals. The contractor, Mr. Walker, takes a kindly and lively interest in the health and well-being of his men, and the completeness of the arrangements he has made for their relief when the victims of accident or disease testify to his care and skill in organisation. The works give employment to 14,000 men, all of whom pay a weekly sum which partly defrays the expenses of the medical service.

MANCHESTER ROYAL INFIRMARY.

THE annual report of the Manchester Royal Infirmary states that 43,985 persons received medical and surgical treatment at the infirmary and its allied institutions at Cheadle and Monsall. Of this number 4,504 were in-patients, 1,960 were fever patients at Monsall, 1,378 convalescents at Cheadle, and 36,143 were treated as out and home patients. The Board of Management point out that a large percentage of the in-patients came from neighbouring towns, and they state that the amount of subscriptions received from their whole area is extremely small. There has been a serious decrease in the amount received from the Hospital Sunday and Saturday Funds, a decrease of nearly one thousand pounds. There has been a reduction of the cost of maintenance per bed.

HOSPITAL SUNDAY FUND.

THE Lord Mayor presided at a meeting of the Council of the Hospital Sunday Fund, held at the Mansion House, on Monday afternoon, for the purpose of distributing the awards of this year's funds. The Committee of Distribution recommended the payment.

of awards to 161 institutions, being three more than last year, and an increase of 56 since the first awards were made in 1873. The total amount available for distribution, after allowing sufficient for liabilities and the usual current expenses, is £40,746; of this, £38,481 5s. was now recommended to 111 hospitals and 50 dispensaries. Five per cent. of the total collected is set apart to purchase surgical appliances. The amount raised this year already exceeds a little that of last year, and is expected to exceed it by about £700 or £800—an amount which, we fear, falls far short of the expectations of the promoters of this important fund.

NAVAL AND MILITARY MEDICAL SERVICES.

FOURTH DIVISION VOLUNTEER MEDICAL STAFF CORPS.

THE third annual inspection of this corps was held at Old Trafford, the inspecting officer being Brigade-Surgeon Close, Principal Medical Officer of the North-Western District. The division was commanded by Surgeon Crookwell, the other officers present being Surgeons Coates, Darwin, and Boyd. There were eighty-six rank and file on parade wearing the new Slade Wallace equipment. The inspecting officer expressed his approval of the way in which the several cases of supposed injuries (such as broken limbs, wounds, etc.) had been treated, also of the excellence of the drill, and the extremely good equipment and clothing of the men.

HINTS TO ARMY MEDICAL CANDIDATES.

COTOPAXI writes: Just a few words to intending candidates, so that they may enter the service with their eyes open, instead of learning in the school of bitter experience.

1. Home pay and allowances are good, but bring with them little amenity, either of a social or military kind. The regiment whose sick you attend will usually carefully ignore you.

2. Your sojourns at home will be short. India will be your goal, with the magnificent pay of 317½ rupees a month all told, from which you must find everything—home, servants, tents, and meet a host of unavoidable incidental expenses. The exchange rupee is only worth about 1s. 4d., and its purchasing power in India lessens every year.

3. Whether at home or abroad, you must not look for any real military status. You will have less *bona fide* military rank than a warrant officer. The Adjutant-General says you are a mere hindrance to the military machine with your "silly" talk about health and sanitation. He knows much more on every subject than you. You are unfit for any military substantive rank, and in the very nature of things inferior to the "fighting caste."

4. You will not complain of stagnation. Your portmanteau must be always packed, for you will be sent flying from place to place on the shortest notice. These are some of the worries and troubles in store for you if you determine to enter the Army Medical Service as at present constituted.

THE MEDICAL STAFF.

SURGEON-MAJOR WILLIAM VENOIR has been granted retired pay. His commissions are dated:—Assistant-Surgeon, September 22nd, 1858; Surgeon, March 1, 1873; and Surgeon-Major, January 30th, 1875. He served (says *Hart's Army List*) throughout the second phase of the Ashanti campaign from December 13th, 1873 (medal); with the 15th Hussars in the Afghan war of 1878-80 with the Candahar column, including the advance to Khelat-i-Ghilzie, and was present at the affair of Takht-i-Pul in medical charge of a squadron of the 15th Hussars and a half battery of Royal Horse Artillery (medal); in the Soudan Expedition under Sir Gerald Graham in 1884 in charge of a hospital ship at the base (mentioned in despatches, medal, and Khedive's Star); and with the Burmese Expedition in 1885-87 in medical charge of No. 16, British Field Hospital, and as Principal Medical Officer, 5 Brigade, Shwabo, under Brigadier-General Stewart (mentioned in despatches, medal with clasp).

Surgeon R. E. FOOT, M.D., who entered the service July 28th, 1886, has now resigned his commission.

Deputy Surgeon-General JOHN EWING died at Alderney Street, London, on July 27th, at the age of 73. Entering as Assistant Surgeon May 21st, 1841, he became Surgeon March 21st, 1852; Surgeon-Major, May 21st, 1861; and Deputy Surgeon-General December 7th, 1867. He retired on half-pay April 28th, 1876. From *Hart's Army List*, we learn, that he served in the Eastern campaign from November, 1854, including the siege and fall of Sebastopol (medal with clasp, and Turkish medal). He was with the 95th Regiment in the Indian Mutiny campaign in 1858, and was at the siege and capture of Kotah, the battle of Kotah-ke-Seral, and the general action resulting in the capture of Gwalior (medal).

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR GEORGE HENDERSON, M.D., of the Bengal Establishment, has leave of absence on private affairs for 1 year and 150 days, embarking on or after July 16.

Surgeon THOMAS ALEXANDER WISE, M.D., late of the Bengal Establishment, and whose commission dated as far back as February 2nd, 1844, died at Upper Norwood on July 23rd, at the advanced age of 87.

MILITIA AND VOLUNTEERS.

MR. JOHN BRUNT, late Surgeon in the Royal Navy, is appointed Captain in the 3rd and 4th Battalions of the Manchester Regiment (late the 6th Lancashire Militia). Captain Brunt was Surgeon of the *Agin-court* during the Egyptian war of 1882, and has the Medical and Khedive's Bronze Star for the campaign.

Surgeon R. CLARK, 5th Lancashire Artillery has resigned his commission, dating from February 1st, 1889.

Surgeon R. PATRICK, M.D., 9th Lancashire Artillery, is promoted to be Surgeon-Major (ranking as Major).

Acting Surgeons O. GRANT, M.B., and J. M. CHAPMAN, M.B., 1st Inverness Artillery, are promoted to be Surgeons.

Surgeon W. ROBINSON, M.B., 2nd West Riding of Yorkshire (Leeds) Engineers, has resigned his appointment, which was dated August 17, 1881.

Surgeon-Major (ranking as Lieutenant-Colonel) A. G. MILLER, Queen's Rifle Volunteer Brigade, the Royal Scots (late the 1st Edinburgh), has resigned his commission, which bore date February 1st, 1889, that of Surgeon being May 10th, 1864; he is permitted to retain his rank and uniform.

Surgeon J. S. HOLDEN, M.D., 2nd Volunteer Battalion, Suffolk Regiment (late the 6th Suffolk), is promoted to be Surgeon-Major (ranking as Major).

Acting Surgeon K. CRAN, M.B., 5th Volunteer Battalion, Gordon Highlanders (late the 1st Kincardine and Aberdeen), has resigned his appointment, which was dated February 2nd, 1889.

MEDICO-LEGAL AND MEDICO-ETHICAL.

BABY FARMING.

DR. MACDONALD, coroner for the north-east division of Middlesex, held an inquiry in the Board room of the Hackney Union Workhouse on July 25th, into the circumstances attending the death of Maurice Frank Marriner, aged five months, the illegitimate son of Minnie Marriner. Mr. Evans, the surgeon called in by the relieving officer of the district, reported: "I have to-day visited No. 3, Lea Terrace, Glyn Road, and found the front parlour used as a bedroom for eight people. The room was in a most filthy condition. There are three children, aged six years, four years, and four months, whose mother is seldom at home, and the children are supposed to be under the care of Martha Forward, an unfortunate girl, not 20 years of age, who rents the room, and has a child of her own. George Marriner, aged six years, in filthy condition, and head swarming with vermin; Minnie, aged four years, in a worse state still. They are both insufficiently clothed. The baby, Maurice Frank, aged five months, only weighs 7 pounds. He presented a most emaciated appearance, evidently impropriately and insufficiently fed, and had every appearance of being neglected, eczema pervading the buttocks and thighs, probably caused by neglect." The jury returned the following verdict:—"That the deceased died from exhaustion, consequent on insufficient food and insanitary surroundings, and that the mother was guilty of manslaughter; and further, that Martha Forward was deserving of severe censure for her conduct with regard to the deceased."

THE INSURANCE OF CHILDREN.

To the already long list of crimes committed for the sake of the insurance money one more murder must, it is to be feared, be added. At the Derby Assizes a few days ago George Horton was convicted of the wilful murder of his little daughter, 8 years old. That the child died from strychnine poisoning was incontestably proved. Putting aside the fact that the child had stated that her father had given her some blue stuff in a cup out of a bottle, the case for the prosecution rested mainly on two points. One was that the prisoner, who had gone out to his work before any marked symptoms of illness in his child declared themselves, had returned about an hour after her death without having been to his work and without giving any reason for his return. The other was that, when informed of his child's death, he betrayed no surprise, and did not inquire into the cause of it or the manner in which it had occurred. The only motive that could be assigned for the murder was that she had been insured in April, 1888, and that, on her death a year after that date, the sum of £7 would become payable.

CORONERS AND MEDICAL WITNESSES.

MR. SETTLE held an inquest on July 11th at West Hartlepool on the body of Elizabeth Burn, aged 21, a single woman, who died the same day at 36, York Street, the residence of her parents. The evidence showed that the deceased was confined of a female child on Sunday week, but was not seen by a doctor, having been attended by a Mrs. Holborn. She progressed fairly well until Monday, when a change for the worse took place. Dr. Gourley's assistant was called in, but the unfortunate young woman succumbed shortly after.—The foreman of the jury (Mr. W. Reed) asked if the doctor was present to give evidence. He should like to know why a certificate was refused.—The Coroner: The doctor need not give any reason.—The Foreman: But he was with her three-quarters of an hour before she died, and we want to have his evidence. We want to know why he did not give a certificate.—The Coroner replied that the doctor's evidence was not necessary.—The Foreman: But we want to know his motive. It is through his action these poor people have been brought here.—The Coroner: You have no right, sir, to inquire into his motive, and he won't tell you if you do.—The Foreman: But how can we decide the cause of death unless we hear what the doctor has to say?—A jurymen: Can't you give a certificate, Mr. Coroner?—The Coroner: I cannot do so without your sanction. You may surmise, but you have no right to say why a certificate was refused. The poor woman was probably quite as well attended as she would have been by a doctor, and at much less expense.—The Foreman: No doubt. We are quite satisfied that she was well cared for, and that no blame rests upon anyone, but