

a large surface, nor for an acute stage of the affection; and that the blistered part should be dressed after the operation with the oxide of zinc or basilican ointment spread on lint.

I am, etc.,

ERASMUS WILSON.

17, Henrietta Street, Cavendish Square, Dec. 6th, 1861.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I shall feel obliged by your affording me space to lay before the Poor-law Medical Officers the following Bill, in order that they may give it their serious consideration prior to the meeting of Parliament. It will be seen that I have thrown upon the General Council of Medical Education, in conjunction with the Poor-law Board, the responsibility of fixing our salaries, which, I trust, will be the means of preventing the opposition of the Guardians to the Bill. I hope my medical friends will not object to the establishment of dispensaries in all densely populated places, as I feel sure it will not only be beneficial to the poor, but that it will tend to elevate the Poor-law medical officer in the opinion of the public, and save him a vast amount of time, which might be far better spent than in dispensing medicines.

I am not at present prepared with a member of Parliament to take charge of the Bill; if, therefore, any Poor-law medical officer can induce an honourable gentleman to do so, and will communicate with me on the subject, I will furnish all requisite information.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, Dec. 5th, 1864.

A Bill on the subject of Poor-Law Medical Relief, with a view to secure to the Poorer Classes the most efficient Medicines, and to the Poor-Law Medical Officers an uniform and equitable rate of payment.

WHEREAS it is expedient to alter and amend the laws relating to the Medical Relief of Poor Persons in England and Wales: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal and Commons in this present Parliament assembled, and by the authority of the same, as follows.

1. That within six months after the passing of this Act, it shall be the duty of the Poor-Law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, to lay down an uniform system of medical relief for the poor.

2. That the Poor-Law Board shall order the establishment of dispensaries in all those parts of unions, incorporations, and parishes under Local Acts, where the population resident in an area, the diameter of which is less than four miles, exceeds ten thousand in number, and when they deem it expedient, may unite the medical departments of two or more unions, incorporations, or parishes, for the purposes of this Act.

3. That in unions, incorporations, and parishes under Local Acts, or parts of one or the other where the population is much scattered, the Poor-Law Board may allow the Poor-law medical officers to find medicines for the sick poor, and shall direct the Guardians to pay them, in addition to their salaries, such sum or sums of money as the Poor-Law Board, under the advice of the Medical Council of Education and Registration, shall advise.

4. That the Poor-Law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, shall fix the salaries

of all the Poor-law medical officers, whether union, parochial, or under Local Acts in England and Wales, on a uniform and definite principle, especial regard being had to the number of sick poor attended by them, and the distance to be travelled.

5. That the Poor-Law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, shall draw up a list of cases for which extra medical fees shall be paid, and also fix the amount of money which shall be allowed for each case on such list; but should the Guardians be desirous to commute the extra medical fees, they may be allowed to do so, on making a triennial calculation of the amount of fees which have been paid during the preceding three years, and adding them to the salary; but where the fees have already been commuted, that then a calculation of the cases where fees would have been payable, but for the commutation, shall be made, and the amount added to the salaries.

6. That all medicines found by Boards of Guardians or their medical officers, all salaries, and all extra medical fees, shall be paid for out of such moneys as shall be annually voted by Parliament for the purposes of medical relief and by the Boards of Guardians, in equal shares and proportions; or, in default of any parliamentary grant for the purpose, then the whole payment shall be an union charge.

7. That the Poor-Law Board shall annually lay before Parliament a classified report of the diseases treated by the Poor-law medical officers in each union, incorporation, or parish under a Local Act, in England and Wales, and also the number of deaths occurring in each class.

8. That the statutes now in force, or rules, orders, and regulations of the Poor-Law Commissioners or Poor-Law-Board, or parts of either one or the other, which are contrary to the true intent and meaning of this Act, shall be and they are hereby repealed and rescinded, and from and after six months from the passing of this Act, shall have no force or effect; but nothing herein contained shall prevent the Poor-Law Board issuing any order or orders, or making any rule or rules, or regulations, for the better carrying out the true intent and meaning of this Act.

THE NEW INDIAN MEDICAL WARRANT.

SIR,—Your correspondent, "A Retired Surgeon-Major," seems to have been guided by his feelings rather than his judgment.

The question of relative rank is not raised in Sir Charles Wood's dispatch to the Governor-General at all. It is obviously not a question which can be handled by the Secretary for India until it has been determined by the Horse Guards and War Office. When Sir Charles Wood withholds from Indian medical officers any boon of this kind which has been conceded at home, he may cry out, but not before. Questions of rank can only be settled with the consent of the highest military authority in the kingdom; and the battle must be fought, not at the India Office, but at the Horse Guards.

Again: it is true that Indian officers always had Royal Commissions; but the "Retired Surgeon-Major" forgets to add that those commissions had effect "in India only"; whereas the new commissions hold good all over the world.

The Medical Funds of India were, no doubt, noble institutions, and it is to be regretted that Her Majesty's Government should have interfered with them; but the "Retired Surgeon-Major" does not tell you that *military* funds in India are abolished also, and that there is nothing to prevent a provident man

making a provision for his wife out of the liberal pay now allowed.

Your correspondent says: "There is not a word about furlough pay to Europe." Is it possible that this gentleman, who undertakes to advise his younger brethren on the choice of a career, can be ignorant that this has already been settled in an extremely liberal manner by a previous dispatch?

A little further on, he says that, "in the British service, sick or private leave counts for pension." If this gentleman knew anything of the British service, he would know, first, that very little "private leave" is to be had in the British service; secondly, that if an officer is sick for more than a month or two at a time, he is at once put on half-pay, when not an hour counts for service or pension.

Will you allow me to ask your correspondent where he will find any service in the world that will give a man £220 a year for seventeen years' service? In contrasting the old and the new scales of pension, your correspondent ignores the fact that, if a medical officer has served a tour as deputy inspector-general, he gets £250 a year *over and above* what his *time* entitles him to; if an inspector-general, he gets £300 extra. Thus an officer who has served twenty-seven years, including five as an inspector-general, can now retire on a pension of £806 a year.

Once more. Your correspondent entirely forgets to notice that, under the old rules, a medical officer, if absent for *one day* from his charge, was subject to heavy stoppages. Under the new, he enjoys a liberal scale of "unemployed pay".

I am, etc., D. F. G.

TREATMENT OF PARTURIENT WOMEN.

SIR,—In controversy, it is of the utmost importance to keep clearly in mind the subject to be discussed; to define closely the terms employed; and, above all, to exclude any matter irrelevant to the one point at issue.

In the recent discussion, as to what is the proper diet for a woman during child-bed, I hold the inquiry, as to whether parturition be a physiological process or a disease, to be an instance of such irrelevant matter; for not only does it open out to us new questions for settlement, such as, what is a natural process and what a disease? where does the one end and the other begin? etc.; but, what is of more importance, it leads us to connect our ideas of treatment, be it medicinal or dietetic, with such processes or diseases, rather than with the special indications presented by the patient under our care. What we have to do is, to treat our patients, not their diseases. Take an average case of a lying-in woman just delivered, average age, average strength, average pregnancy, average labour, and what do we see? and what do the principles of medicine teach? We find the entire economy to have undergone a change; depression has followed on action; rest succeeded labour; one set of organs, the uterine, is gradually subsiding into tranquillity; another, the mammary, as gradually arising into activity; the various bodily functions, digestion amongst them, are all, more or less, suspended; tired nature is, as it were, seeking her therapeutical restorer, physiological rest. During this stage, is not a light diet as most rationally indicated, as it is found by experience to be by patients most constantly desired? In the course of a few days, sometimes sooner sometimes later, reaction ensues, demanding a gradually increasing supply, both in quantity and quality of nourishment; so that, before the end of the first week, the usual diet of health may generally be resorted to.

On either side of such an average example as this, a wide range of cases is to be met with, characterised, on the one hand, by plethora and congestion, and, on the other, by anæmia and debility; and it would be as criminal to order strong food for the former, as it would be to insist on slop-diet for the latter. If the movement of Dr. Grailey Hewitt be only negative in its aim—if it be instigated for the purpose of overthrowing the notion that woman during childbed always requires a low diet—all very well; but if it be intended to establish the opposite—viz., that, under such circumstances, she invariably requires a liberal diet—let us beware lest, while endeavouring to avoid Scylla, we run into Charybdis. Each dogma would be as unsupported by reason and experience; as, if acted upon, it would lead to baneful results. Of the two, I confess, I lean rather to under- than over-feeding. The symptoms indicative of want are generally, by those on the look out for them, readily understood, and their remedy easily administered. Let us do nothing by rule. Let us remember that, as meddling midwifery is bad, so a meddling interference with the dictates of nature as to the diet of the parturient woman is bad also.

I am, etc., J. W. W.

[Our correspondent seems to us to have hit the just—the physiological—*milieu*. We are surprised that this side of the question has been so little regarded. So long as the fetus is *in utero*, its organic processes are in active operation, and at the expense of the mother's blood. The mother, not only has to provide for the nutrition of her own body, but she has to supply materials for the vigorous development of another body. But the moment the child is separated from the mother, that large supply is no longer needed, and is in fact suddenly arrested. Between this moment and the moment when the mother yields a full supply of milk to the child, there is a complete revolution effected in her physiological state, what might naturally be called a moment of repose. EDITOR.]

LETTER FROM THOMAS POPE, ESQ.

SIR,—Mr. Legge will have it that pregnancy is not a disease; but what says Milton?

"Of that forbidden tree, whose mortal taste
Brought death into the world, and all our woe."

And he proposes what he thinks a puzzle—a definition of the words disease, disorder, and the French word *malady*; to all of which he assigns different meanings, whereas they are all synonymous, and nothing more easy of solution. Ease, order, and *bon-à-Dieu* are blessings; but their opposites are curses—diseases. This attempt to mystify leads him to ignore syllogism, which tells us that all maladies must be diseases. He then says: "If, then, parturition be a disease, so must micturition and defæcation be diseases also." Can this be logic? Healthy micturition and defæcation are pleasant; disease is painful; therefore healthy micturition and defæcation are not diseases. Strangury and tenesmus are painful; disease is painful; therefore strangury and tenesmus are diseases.

I do not coincide with Mr. Legge's concluding paragraph; and so far am I from anticipating that the justly celebrated trio with which he concludes will condemn my advocacy, I flatter myself they will even join the phalanx of veterans.

One word more, not only to Mr. Legge, but to all those who use the abdominal bandage immediately after delivery. With this custom I have never complied, from a conviction that it could not be beneficial, more particularly where the superincumbent parts above the pelvic, and in part hypogastric con-