

heard and decided by a new court, and not by the former judges dressed for the purpose in a new style and title. The same argument applies to appeals from the Branch to the Central Council. To be a real appeal the hearing must be by new men and new minds, and not by those who have already committed themselves to one particular view of the case,—I am, etc.,

London, W., July 19th.

C. O. HAWTHORNE.

#### THE ADMISSION OF WOMEN TO THE COLLEGE OF SURGEONS.

SIR,—Your leading article expresses surprise at the strong adverse vote of the Members *re* admission of women to the college. As the majority of Members are general practitioners, they fully appreciate the substantial disadvantage of this qualification. The standard required and the expense being the same as a provincial degree, women are far better advised to obtain the latter. There are but few practices carried on by medical women for sale, so that the majority must make a practice, they must not advertise, the only means of intimating their wish to practise medicine is by the customary brass plate. With a degree, "Mary Grey," M.B., or M.D., the veriest child knows she is a doctor; but "Mary Grey," M.R.C.S., L.R.C.P., not one person in a hundred would interpret the letters correctly; she might be a music teacher, cook, "scientific" dress-maker, photographer, etc. She must not put "physician." A learned judge has stated this is the title allowed only to consultants. Moreover, the College by-laws forbid its use by Licentiates. Nor may she put "doctor," *re* by-laws. She may put "surgeon," "Mary Grey, surgeon." She would be considered a hard-hearted masculine creature thirsting for blood. People with ordinary ailments not requiring the knife would pass by. Very likely "Mary Grey" does not want to practise surgery at all, but it is all the same; it is the nearest title for doctoring that an intellectual body of men known as the Council can devise for use of their Diplomates practising medicine.

Should the medical women reside in a provincial town and wish to become a candidate for a medical or obstetric appointment she would find she was barred—none but graduates need apply. These were my reasons for voting "No." Moreover, the College having obtained their Members' fees, do not care a straw what becomes of them. They do nothing to help them in their struggle for existence, either by allowing the title of doctor, or striving to obtain their admission to hospital appointments on a level with the provincial graduate.

To the second question my reply was "Yes."

If women are suitable for Members, surely they are good enough for Fellows, a seat on the Council, or even the presidential chair. The universities do not debar their women M.B.'s from the M.D. degree.—I am, etc.,

July 8th.

M.R.C.S., L.R.C.P.

SIR,—It is generally known that the Society of Members of the Royal College of Surgeons of England took a poll of the Members on this and another question supplementary to that of the Council. The complete returns will not be published until after they have been submitted to the committee of this society. Meanwhile certain general facts may be stated.

1. The official poll is defective and incomplete, cards having been issued to only 13,812 members. We issued 14,633 cards, and there are 17,544 Members' names in the last College *Calendar*. A minor advantage of the representation of Members will be that an accurate register will have to be kept.

2. The vast majority of those who desire the admission of women desire also that, if admitted, they should have "full collegiate rights" in the only way that these can be obtained—namely, by means of a new charter. They did not state this in the official polling card on account of the warning notice thereon, but we have it in black and white on our cards.

3. In reply to our question regarding the direct representation of Members, the poll is practically unanimous, only some three hundred out of the whole number of cards returned bearing a negative answer. Never again will the College Council be able to state that the members generally do not desire this reform.—I am, etc.,

W. G. DICKINSON,

A. S. MORTON,

London, S.W., July 20th,

Honorary Secretaries.

#### HOSPITAL FINANCE.

SIR,—Forgive, please, my insisting that if you cannot prove your very serious reflections on the management of the London Hospital, I have a right to ask you to express some regret for having made them.

Never mind your attacks upon hospitals generally, hospitals you have not named, with them I have nothing to do, but you single out the London, definitely, and by name, as the most successful exponent of a method of administration in which—I quote your own words—it is considered meritorious to spend more than is received, in which a definite trade is made of poverty, and the greatest possible pains taken to conceal the fact if in any year more money is received than is spent, and in which ambitious building schemes are indulged in though the hospital is in debt.

I do not wish to repeat what I have written to prove that the above statements as applied to the London are not true. But I should like to reply to your attempt to justify one part of this attack by your statement that "during Mr. Holland's reign the capital of the London has been diminished by no less than £175,000." Is this quite fair? I told you in the same sentence in which I explained that though we had spent half a million we were only £175,000 poorer in capital, that before we commenced the rebuilding the King's Fund had promised us £5,000 a year to compensate for the loss of capital involved in the rebuilding. The expenditure of this capital was a condition attached to the gift. So though we are poorer in capital, we are not poorer in income. To this you do not allude.

Then you compare our finance to that of a "spendthrift youth who has borrowed £30,000 of his bankers." Is this fair? At a time when our investments were seriously depreciated, it was better finance to borrow temporarily against them than to sell.

I should like to see the "misleading accounts" of some hospitals which you say are in your possession, and I invite you to send them to me. But whether these accounts establish what you have written of hospitals generally or not is beside the question of your having distinctly accused the London Hospital, by name, of being one of such hospitals publishing misleading accounts, in fact the chief "exponent."

Finally, some donors and some testators do desire that their donations or legacies shall be invested, others do not. Where they express no such wish are we not entitled to assume that they mean us to use the money as we think best for the advantage of the hospital? Why should you interpolate into their minds or wills intentions not expressed?

One other word. It is quite fair to point out that the London has been increased in size, and that this involves on those who follow after us an increased burden. Perhaps the editor of the leading medical journal of those times said the same to those noble men who, between 1700 and 1800, built the Westminster (1719), Guy's (1723), St. George's (1733), the London (1740), the Middlesex (1745) Hospitals.

But every century has its responsibilities. As it happened by 1906 the London had come to the end of its "possibility," if I may so put it, of doing its work efficiently, and rebuilding, too long delayed, had become imperative.

It was impossible to go on without an isolation block for erysipelas and cellulitis, for measles, scarlet fever, and diphtheria, etc. It was impossible to go on with the totally inadequate theatre accommodation, with no sterilization department, no massage department, no electrical or Roentgen ray department, no pathological laboratories, no beds for throat and ear cases, only a very few in a horrible basement for ophthalmic cases. It was impossible to go on with 100 nurses sleeping out in Whitechapel houses, and with an out-patient department which was proverbial for everything that was bad and insanitary, and so on.

You may attack us for perhaps a somewhat bold policy in trying to remedy all this at one time. But we are through our struggle, and the hospital no poorer. Its income, as a fact, is much larger than when we commenced.

And I think that you will hardly disagree with me when I say that it will be a sad day for England if the four big hospitals in London do not take a wide view of their responsibilities not only to the public, but to your