

conflict with the opinion of Dr. A. H. Downes, Medical Inspector of the Local Government Board, who, in a memorandum dated April, 1892, makes the following observation: "Humanity and economy alike dictate that the sick poor in workhouse sick-wards should receive nursing treatment not less efficient than that which is now afforded in general hospitals and in well-administered cottage hospitals." Later in the same memorandum he remarks: "..... It should always be remembered that although the sick are mostly chronic a large number are of such a kind as to require constant care and attention." It is impossible, therefore, to accept Dr. Toogood's method of solving the nursing difficulty in country workhouses by supplying the infirmaries with untrained nurses. The guardians' efforts to secure trained nurses for their sick wards, too, indicate *their* opinion as to the necessity for trained nurses. Then as to the difficulty of getting or training nurses. A large number of boards of guardians passed important resolutions on this subject in 1900. With one exception all the general inspectors refer forcibly to it in their last reports. How are trained nurses to be obtained in sufficient quantity from outside? The Poor-law service compares unfavourably in attractions with the general hospitals, the nursing institutions, the district nursing associations, and such like. It requires a certain amount of special training before outside nurses can be put into responsible positions in workhouses. The nurses who have come from general hospitals find their ideals in the way rather than otherwise, and the life is extremely monotonous. Except in the higher posts they do not care sufficiently for the service to remain any longer in it than they can help. I do not think that it will ever be sufficiently attractive to nurses trained outside to induce many of them to fill the lesser posts. Under the present conditions they are strongly repelled from workhouse service.

To turn from the nurses to the sick, the country workhouses are mostly out of date. "It is undoubtedly the case that since workhouses were established under the Poor-law Amendment Act, 1834, the circumstances connected with the administration of relief and the character of those for whom accommodation in workhouses has to be provided have so materially changed that arrangements originally adequate and in accordance with the spirit of the times have ceased to be so" (Circular letter of the Local Government Board to boards of guardians, Jan. 29th, 1895). One of the general inspectors in his last report refers to the workhouses in the west of England as being "at least half a century old." He says: "..... There are a good many workhouses in the west where improved accommodation for the sick is much needed and where, I believe, that even if existing rooms were vacated their conversion into sick wards would at best be only a makeshift arrangement, and nothing but the erection of a new infirmary on modern lines would give really satisfactory results" (p. 111). It is the same all over the country, and boards of guardians are spending very large sums annually in trying to improve these ancient structures or in building small infirmaries attached to them; the latter are in nearly every such case too small to train probationers properly and must be dependent upon nurses trained elsewhere. Dr. Toogood says that it is impossible to train probationers in country infirmaries because of the want of suitable training material. But lower down he contradicts this, for he says: "The larger infirmaries can and do train their nurses as thoroughly and as fully as any of the hospitals." My scheme is so to combine the patients of the small infirmaries as to form institutions large enough to be capable of training probationers. Your correspondent says that my scheme would mean the expenditure of millions. The fact is, however, as I have already shown, that boards of guardians are wasting immense sums of money annually on "improvements" of the existing buildings or in badly-considered new buildings. About £100,000 were expended on improving existing workhouse infirmary buildings in 1899-90. Other large sums were spent in improving some of the separate infirmaries. It is time that parochial politics gave place to the general interests of the Poor-law service and that these sums should be spent on institutions calculated to benefit the whole service and in furtherance of some general scheme of organisation.

There is one more difficulty which Dr. Toogood seems to consider as final in the matter of the scheme I have drafted. This is the distance which patients would have to be carried to the central institutions. But the extreme distance of any of the unions from the central institution to which they are

affiliated would only be 15 miles by road or 30 by train. Surely Dr. Toogood would not think this too far? The removal of a patient would, of course, be subject to the certificate of the medical officer of the district workhouse. (My scheme provides for the nursing of acute cases at their own unions.) Country people think nothing of such distances, and patients in a critical condition often travel up to general hospitals from far longer distances.

Finally, I would say that one leading feature in my scheme is the establishment of one standard for the nursing of every case which enters the sick wards of a workhouse, small or large, in town or in country. The pioneer work of the Workhouse Infirmary Nursing Association was directed to this end, and it only ceased to train nurses when, while feeling that the system should be self-supporting, it decided that the supply of nurses had become too large a question to be dealt with by a voluntary association. So far from "making spies and rebels of" its nurses it was almost invariably the rule that when its support and encouragement were withdrawn (for any reason) from its nurses that they found it impossible to stay any longer in the workhouse infirmary. The desire which is constantly expressed that the Association would restart its work of training nurses at once disproves any such uncalculated charge as that which Dr. Toogood makes and which he should withdraw.—I am, Sirs, yours faithfully,

Fellows-road, N.W., Sept. 22nd, 1901.

F. R. HUMPHREYS.

NORTH INDIA SCHOOL OF MEDICINE FOR CHRISTIAN WOMEN.

To the Editors of THE LANCET.

SIRS.—Seven years ago inquiries were made by the women medical missionaries of the Punjab as to the possibility of obtaining the assistance of native Christian girls of good family as fully-qualified house surgeons, anæsthetists, and nurses. The result of these inquiries showed that if a school was provided which gave full and thorough medical training for women only it would meet with every possible encouragement; therefore, in the following year, the above hospital and school were opened in Ludhiana.

This hospital is unique, in that it is the only medical school for women in India where the students are taught by women, where they can study apart from the Hindu and Mahomedan male students, and where they can receive their clinical teaching in a hospital for women and children. That it has proved a success is evident from the following facts:—(1) That it is recognised by Government as a medical school; (2) that 11 different societies have sent students for training; (3) that eight medical students, five compounders, eight nurses, and six midwives have already successfully completed their course of study at the school and are now engaged in medical mission work in connexion with seven different societies; (4) that 16 medical students, 16 nurses, and two compounders are still in training; and (5) that many applications are received for trained workers and the reports received about most of the trained students are very encouraging, both as to the success of their medical work and the interest which they show in the spiritual welfare of their patients. Besides alleviating bodily suffering it may reasonably be hoped that the influence of the Christian medical students will aid the progress of Christianity in India.

As the medical school is not yet affiliated to any university the students are at present only eligible for the Government examination for hospital assistants and not for any university degree. Yet there are many well-educated Indian girls who would be able to take university and medical degrees qualifying them for holding responsible posts in the mission field and who would be allowed by their parents to do so if they could study at a women's college. The University of Lahore is willing to affiliate the school as soon as three more members are added to the teaching staff and when good laboratories for anatomy, chemistry, physiology, and bacteriology, &c., have been provided. The 100 hospital beds required to ensure sufficient clinical teaching are already established. In order to build and furnish these laboratories and an operating theatre, and to supply the outfit and the passage of the extra members of the staff, a sum of £5000 is needed. If this money can be raised and these improvements carried out the students will then be eligible for any university degree and will become, on passing the

necessary examinations, members of the recognised Indian medical profession. To attain this object the committee (consisting of the Lady Kinnaird, the Lady Macnaghten, Miss Maynard, Mrs. Percy Flemming, M.D. Lond., Miss E. Brown, M.D. Brux., the Bishop of Calcutta, Sir Charles Bernard, Dr. W. J. Smyly, Dr. E. Sargood Fry, and Mr. A. Pearce Gould) make an urgent appeal for funds. Subscriptions will be gratefully received by the Lady Macnaghten, 198, Queen's-gate, London, S.W., and Miss E. Brown, M.D. Brux., 120, St. James's-road, West Croydon, Surrey, or may be sent to the "North India School of Medicine Fund," Union Bank (Tottenham Court-road Branch).

We are, Sirs, yours faithfully,

F. A. MACNAGHTEN, } Honorary
E. BROWN, } Secretaries.

"THE CHEAP PISTOL."

To the Editors of THE LANCET.

SIRS,—Your sound common-sense annotation upon the indiscriminate manner in which cheap firearms are sold everywhere and the announced determination of the American Government to deal with the class of people from whom these assassins emerge urge me humbly to suggest that our Government should join with the Americans (and I hope all the European and peace-loving Governments) in passing a universal law that every person of every nation should not be allowed to carry any description of arm or weapon that could be used to endanger the life of any other person or animal without a permit or licence; and, further, that no person or persons should be allowed to supply or furnish to anyone else such arms or weapons unless the intended buyer was duly licensed or officially authorised. In addition, manufacturers and salespeople should be licensed to follow their avocation, all licences to be renewed annually and every change of address duly given to the proper authorities directly the change is made.

I am, Sirs, yours faithfully,

Ebury-street, S.W., Sept. 23rd, 1901. D. T. BOSTEL, sen.

"STOCKS AND CROSSMAN v. WATSON."

To the Editors of THE LANCET.

SIRS,—THE LANCET of July 13th, containing your leading article on the above case, has just reached me. I think that from a medico-legal point of view, as well as from a purely surgical one, it is of great interest. Mr. H. H. Clutton and Mr. Victor Horsley were of opinion "that the injury to the shoulder might have predisposed it to dislocation and that an injury subsequent to the bicycle accident might have produced it." Is it not possible that this is more common than is generally supposed? When the ligaments of a joint are badly torn it should not be a very difficult matter to produce luxation subsequently, especially in the shoulder-joint, with the shallow glenoid cavity and the large head of the humerus. It has happened to me to have had under my care two cases which illustrate what I mean, though they were not in the shoulder-joint.

1. About 20 years ago I was called to see a woman, aged 30 years or thereabouts, who had fallen and injured her wrist. There was certainly no dislocation—one could scarcely be mistaken in such a case—but the joint appeared to have been severely strained. I applied a light splint and ordered a cooling lotion. A day or two afterwards I called and found that the patient had removed the splint and had been sweeping. I declined to continue in charge of the case, as my instructions were disregarded, but meeting her some time afterwards I found that there was a partial dislocation; it was easily replaced, but readily slipped out again. I wish I could remember the details more accurately, but I have no notes of it, and 20 years is a long time.

2. In November, 1899, the Sikh sergeant in command of the detachment of military police stationed at our mines was knocked down by a tramcar loaded with firewood. He had his little son, aged about two years, in his arms at the time, and in endeavouring to save him from injury, in which he was fortunately successful, paid less regard to himself. The only injury of consequence was to the knee-joint. I saw him within half an hour of the accident and there was certainly then (or while he was under my care) no dislocation. Severe inflammation followed, with a good deal of pain. He got very frightened about himself

(he is a very nervous man) and ordered a boat to take him to the station at the mouth of the river, the district headquarters. He walked to the boat, a distance of about 100 yards, though I had ordered him to be carried. When at Kuantan his nervousness only increased, and a steamer being at the dock bound for Singapore he went (ran, I was told) to it and tried to get on board. He had to be brought back by force. About two months ago I examined him with the Residency surgeon of the State. There was an undoubted lateral displacement of the bones of the leg. The articular surface of the external condyle of the femur could be distinctly felt and there was a marked curvature of the whole limb.

I do not suppose my experience is at all peculiar; doubtless many others could supply histories of similar cases.

I am, Sirs, yours faithfully,

J. W. ROLPH,

Medical officer, Pahang Corporation, Limited.

The Mines, Sungei Lembing, Kuantan, Pahang, Malay Peninsula, August 20th, 1901.

"A PECULIAR METHOD OF SUICIDE."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Sept. 14th, p. 744, a description is given by Mr. C. A. J. Wright of Leytonstone of a method of committing suicide, and you remark that you should think it unprecedented. If, however, you will turn to THE LANCET of June 22nd, 1889, p. 1242, you will find a description of a suicide on somewhat similar lines under the care of Mr. Hulke at the Middlesex Hospital, and another by myself in THE LANCET of Oct. 19th, 1889, p. 791.

I am, Sirs, yours faithfully,

Maryport, Sept. 23rd, 1901.

JAMES LITTLE.

"THE ELECTROLYTIC TRANSMISSION OF SULPHUR."

To the Editors of THE LANCET.

SIRS,—My letter of August 24th seems to have given Dr. F. W. Smith the impression that I wished to belittle his valuable observations on the electrolytic deposit of sulphur from the Harrogate waters. Far be it from me to detract in any way from this new application of an old principle. Dr. Smith is in the van of progressive medicine, and I perfectly recognise the value of the investigations which he has made. But at the same time I must demur to his use of the word "discovery" in connexion with this subject. Doubtless Dr. Smith has been the first to apply the principle of cataphoresis in hydrotherapy, and I hasten to congratulate him upon the impetus which his investigations will certainly give to hydrotherapy all over the world. The principle of cataphoresis, however, which is the whole soul of the matter, has long been known. In 1858 Theodore Clemens, as a result of clinical experiments, claimed beneficial results from the electrolytic transmission of iodine through the skin. In 1859 B. W. Richardson made exhaustive experiments in the production of local anaesthesia by the cataphoretic introduction of a mixture of aconite and chloroform, by means of which he was able to perform many operations painlessly. But the profession at large was chary of adopting a method which was theoretically sound but which to the hyper-sensitive palate of prejudice might smack somewhat of charlatanism. The industrial arts, however, as Jacoby remarks, quickly recognised the value of the method. For instance, the tanning of hides by electricity became quite general when it was learned that by means of the usual tanning solution and an electric current a hide could be tanned in four days, while by ordinary methods it would require from 10 to 12 months to complete the process.

There are certainly factors which militate against the adoption of this method as a means of general medication, not the least of which is the fact that comparatively small quantities of a medicinal agent can be transmitted and these become rapidly eliminated by the emunctories. But as a method of local medication the method is more promising, especially if Morton's plan of rendering the part to which the application is to be made as far as possible anæmic beforehand be employed.

I am, Sirs, yours faithfully,

CHARLES J. NEPEAN LONGRIDGE.

St. George's Hospital, S.W., Sept. 25th, 1901.