

which marks may be given. Any really legible system of shorthand will serve for personal use, but uniformity of system is necessary for intercommunication and for such help to acquisition and familiarity as our publications and circulating manuscript magazines present. Each of the latter is in effect a small society for the discussion of medical questions without need for proximity of the members. I have reason to think that many members of the profession and students have acquired shorthand who have not yet joined our society. May I take this opportunity of asking them to do so without delay and to write to Dr. Neil, Warneford Asylum, Oxford, our honorary secretary?

I am, Sirs, yours faithfully,

May 27th, 1896.

W. R. GOWERS.

"POOR-LAW OFFICERS' SUPERANNUATION BILL."

To the Editors of THE LANCET.

SIRS,—The above Bill has been passed so rapidly through the committee stage that several very necessary amendments have not been inserted into it. Many months since it was pointed out to its promoters that the Bill as it stood would operate very strongly against the interests of trained nursing in Poor-law infirmaries, and, indeed, that the Bill appeared to be drafted in the interests of some of the superior officers, who would derive benefit from the salaries of their inferiors. Thus the trained nurse rarely stays any length of time in a Poor-law infirmary; the conditions under which her work has to be done are so antagonistic in most cases to the proper performance of those duties that she will not stay beyond her probationership or beyond the time she is bound by the terms of her training. Again, a trained nurse is past her work soon after fifty. At Guy's Hospital she is compulsorily retired at fifty, at the London Hospital at fifty-five. The Royal National Pension Fund for Nurses, it is true, puts the age for compulsory retirement at sixty, but at the request of the authorities of Guy's Hospital the nurses there are permitted to retire under their scheme at fifty, and they have recently added another table to their previous ones with a view to encouraging the retirement of trained nurses at this age. No one would voluntarily be attended by a trained nurse who was close on sixty years of age, yet the Bill I am referring to puts the voluntary age for retirement at sixty and the compulsory one at sixty-five. It is evident that under such regulations few trained nurses will enter Poor-law infirmaries. It is true that a recent amendment has been made to Clause 8, providing that any person not dismissed for her own fault shall have her payments returned to her, but there is a considerable probability that this clause may be interpreted to mean that the deductions from the salaries will only be returned if the nurse remain a certain minimum period of time, and this will operate as unfavourably as the original clause. I am informed that all the Poor-law infirmary authorities, nursing and medical, are strongly opposed to the Bill on these grounds, and I have no doubt but that if the required amendments be not inserted it will even now be blocked. It is so difficult to get the proper class of persons to take up workhouse infirmary nursing or even to enter as probationers that nothing which increases this difficulty will be tolerated. May I ask for your powerful support in this matter?

I am, Sirs, yours faithfully,

Fellows road, N.W., May 26th, 1896.

F. R. HUMPHREYS.

"THE ARMY MEDICAL STAFF."

To the Editors of THE LANCET.

SIRS,—With your permission I would wish to endorse every word in the letter of "Brigade-Surgeon, A.M.S.," published in THE LANCET of May 9th. It is, I consider, the most to the point and the best of the many letters written on this subject. After more than a score of years spent in the service I have no hesitation in saying that the advances which have been made within my memory have been enormous. Never before was the soldier so well looked after in health and so well treated and nursed when sick, and never before would he be so well cared for in war, within the limits of numbers, as at the present day. I am confident that the soldier generally recognises this though his officer may not, as the latter no longer has his familiar friend—or drudge, as the case may be—"old pillbox" at his elbow. Let not the authorities hastily or unadvisedly

sweep away this organisation, the result of care and forethought, and which has necessarily taken a generation of medical officers to bring up to its present, I maintain, high standard. Rather let them make the service, by one means or the other, sufficiently attractive to induce a desirable stamp of man to compete for it. The tangible grievances of the service are, I consider, three—viz., (1) the large proportion of foreign service, at present equalling about three-fourths of the whole; (2) the non-recognition of various warrants and ill-treatment of medical officers by the Indian Government; and (3) the frequent changes of station of junior medical officers at some of the home stations. The first two could be rectified by the Indian Government taking over the medical treatment of white troops in India, as I see has been frequently advocated of late; and considering the treatment they have received in India and the depreciated rupee I think the Army Medical Staff would be but little the losers. The abolition of half-pay appointments and a relatively larger number of medical officers serving at home, together with a headquarters order on the subject, would meet the third, which is an important one from the patient's point of view, as it often leads to change of medical men in treatment of his case. Most of the sentimental grievances would disappear in course of time with a generally higher class of medical officer, and at those which did not we could afford to smile.

I am, Sirs, yours truly,

May 23rd, 1896.

ACTIVE LIST.

PROFESSIONAL CONFIDENCES.

To the Editors of THE LANCET.

SIRS,—Can you or any of your readers give me any help with regard to the following circumstances? A few days ago I was called in to see a young unmarried woman who had recently miscarried. On inquiring if any instrument had been used she admitted that it was so. For some days the patient was in a very critical condition, but is now going on all right. Ought I, seeing that the attempt to procure abortion is in itself a criminal offence, to report the case to the police?—I am, Sirs, yours faithfully,

May 26th, 1896.

YOUNG PRACTITIONER.

* * * We should say "No." The information was obtained *sub sigillo*, and we do not think it is the duty of a medical man to give information to the authorities under such circumstances as our correspondent details.—ED. L.

THE ST. GEORGE'S HOSPITAL GRAPHIC SOCIETY.—

The annual general meeting of this society will be held at the hospital on Tuesday, June 2nd, at 2.30 P.M. By permission of the board of governors the annual exhibition, which is strictly limited to the work of members, will be held in the board-room of the hospital. The exhibition will be opened immediately after the meeting and will remain open until the end of the week.

THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—The annual general meeting and conference of this society was held on May 20th, Dr. P. H. Pye-Smith, F.R.S., President, being in the chair. The reports of the council and treasurer were adopted and the following were elected office-bearers for the ensuing session:—President: J. F. Payne, M.D. Vice-presidents: Dr. McCall Anderson, Dr. J. Hughlings Jackson, Dr. Robert Liveing, Dr. P. H. Pye-Smith, and Dr. S. Wilks. Treasurer: Dr. Stowers. Council: Dr. P. S. Abraham, Dr. R. Bowles, Dr. H. A. G. Brooke, Dr. J. Galloway, Dr. A. J. Harrison, Dr. S. Mackenzie, Dr. Walter Smith, Dr. F. Taylor, Mr. Anderson, Mr. A. Cooper, Mr. J. Hutchinson, and Mr. B. Shillitoe. Secretaries: Mr. L. A. Bidwell and Mr. G. Pernet. After a vote of thanks to the retiring President Dr. Payne took the chair and gave his introductory address on the Etiology of Diseases of the Skin, with special reference to impetigo contagiosa and eczema, and the rôle of micro-organisms. Dr. Walter G. Smith (Dublin) read a paper on the Properties of Chrysoarobin and Chrysophanic Acid. Dr. Stopford Taylor, Dr. Waldo, and the President discussed the paper. The following cases were also shown:—Dr. D. Walsh: (1) Elephantiasis; and (2) Thimble Eczema. Dr. A. Eddowes: (1) Unilateral Lupus Erythematosus; (2) Ichthyosis; (3) Urticaria Papulosa; (4) Eczema of the Eyelid; and (5) Dysidrosis and Hyperidrosis. Dr. P. S. Abraham: Erythema Persistans, &c.