

for diplomas would best consult their own interests by turning their faces London-wise, as three-fourths of them ultimately will find employment outside Ireland.

DR. SPENCER SMYTH, F.R.C.S. (Bournemouth) writes: Being a practitioner of some status (M.R.C.S. 1812), I have been much interested in perusing the address delivered by Mr. Wheelhouse, F.R.C.S., at the meeting of the British Medical Association at Leeds, in which mention is made of pupilage with some medical practitioner prior to entering as a student at a recognised school of medicine. In former days the system of apprenticeship was compulsory; but then the term was too long—three to five years. I would propose that a youth, after passing the required preliminary examination in Arts, should be confined to the care of some general practitioner who has charge of patients in some hospital or workhouse infirmary. Poor-law union or public dispensary, where the pupil would have every facility afforded him of acquiring elementary knowledge of medical and surgical cases, so that by this means it would give him a taste or dislike for the profession, as also afford an opportunity to his parents or guardians of judging if he be in every way suitable for the work he will be called upon to undertake. Also, by being with a practitioner, the pupil would have the opportunity of making himself cognisant of the nature of drugs and the dispensing of medicines. One year at least—two years better—should be so passed.

I consider the age of 18 years ought to be the lowest period at which a student is permitted to enter a recognised school of medicine, when four years should be devoted to study, before being allowed to present himself for his final examination. If no pupilage be passed, then five years ought to be undergone. Students of the present day, even with additional work, endeavour to become fully-fledged practitioners after four years' study, whereas in days gone by six and seven years were required.

THE LEOPERS AT ROBBEN ISLAND.

A CORRESPONDENT writes: The anonymous writer of the article on the "Lepers at the Cape," in this month's number of *Blackwood's Magazine*, has certainly brought before the public notice something of the lives of misery of those afflicted with leprosy in one of our colonies, of whose progress and rapid civilisation Englishmen are wont to be so proud. The article is written in a markedly emotional and pathetic tone; but the point of importance is, how much of the description is true when its adventitious details are removed, and whether a state of things such as represented is allowed to exist uninterrupted by the Colonial Government.

On the whole, the account—judging by what I saw when I visited the island a few months ago—is correct. The rotten, tumbling down wooden sheds are low and have little or no light—which, taken by itself, may be an advantage, in that it hides something of what might be seen within; but, nevertheless, it is also a drawback, as it prevents the medical man from being able to examine with anything like accuracy a patient lying in one of the beds. I found the floor of earth full of holes, and in places saturated with the discharges of past generations of lepers; the atmosphere stifling and offensive; complete absence of articles of furniture or decoration, even of china for washing purposes.

There is no regular system of nursing, patients who are able to be about, if they be so well-disposed, attending on those in whom the disease has run to a further stage. There are no forms of amusements or even of systematic work for those who are as yet able to be up. The patients lie during the long hours of the day on the ground, clad in shabby, filthy rags, under what shelter they can find from the blazing southern sun. The only forms of existence which appear at all at home are the myriads of flies, which sometimes cover the exposed parts of the diseased creatures' bodies.

Sights such as these are revolting even to the minds of those well steeled to the ordinary spectacles of poverty and disease concomitant with modern human existence. No wonder, then, that the reflections of anyone visiting Robben Island with even a vague notion of hospital arrangement and sanitary details should be enough to stir such a one to attempt something on behalf of its unfortunate inhabitants, the majority of whom are doomed to a life of slow decay through no fault of their own, whose only shadow of hope—however vague that may be—is in the complete death of what remains of their mortal frame, to close for ever from their view that awful molecular death which has for years encroached upon their members.

Some will say, But after all these creatures are for the most part blacks; and, as experience teaches us that they, through the process of modern civilisation, must die off before the civilising force, why should we do more to prolong their existence? As members of a profession whose aim and object is to preserve the life of all living beings under all circumstances, absolutely impartial as to the exact form or species with which we are brought into contact, our duty is, primarily, to see to the well-being of the individual, and, secondarily, to that of the community at large; and, this being so, we cannot for one moment accept such a short-sighted though possibly patriotic philanthropy. Let us trust that this outcry may arouse some sympathy from the Government—for we must charitably conclude that it has been an oversight and not wanton indifference on the part of those responsible.

SHORTHAND FOR MEDICAL STUDENTS.

MR. H. F. SEMPLE, M.R.C.S. Eng., L.R.C.P. Lond. (Ladysmith, Cape Colony, South Africa) writes: In the JOURNAL of JUNE 15th I see with pleasure a report of a meeting held in London for the purpose of advancing the study of that useful accomplishment, shorthand, among students. At this meeting it was agreed that Pitman's system of shorthand should be the subject of study. This is, I think, a pity, as there are many more excellent systems than Pitman's. My object in writing is to suggest to students and medical men who have not too much time to spare for acquiring this useful accomplishment to compare the System of Cursive Shorthand, by Hugh Callendar, B.A. Camb., and published by C. J. Clay and Son, Ave Maria Lane, London, with Pitman's or any other system, which from experience I have found to be easier to learn, quicker to both read and write, and more correct than Pitman's. I have used both systems, and I am confident that anyone who compares the two will agree with me as to the vast superiority of "Cursive" shorthand, for medical men especially.

COMMUNICATIONS, LETTERS, etc., have been received from:

Mr. C. E. Abbott Braintree; Dr. F. H. Daly, London; Mr. F. C. Spurgin, Stratford St. Mary; Dr. J. W. Hunt, London; Mr. R. H. Belston, Boston;

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BOOKS, ETC., RECEIVED.

Transactions of the Gynaecological Society of Boston. New series, vol i. Boston: Cupples and Hurd.

Hygiene and Public Health. By Louis C. Parkes, M.D., D.P.H. With illustrations. London: H. K. Lewis. 1889.

On Bedside Urine Testing. By George Oliver, M.D. Lond., F.R.C.P. Fourth edition. London: H. K. Lewis. 1889.

A Manual of Pathology. By Joseph Coats, M.D. London: Longmans and Co. 1889.

Blackie's Modern Cyclopaedia. Edited by Chas. Annandale, M.A., LL.D. Vol. iii. London: Blackie and Son. 1889.

Transactions of the American Surgical Association. Volume vii. Edited by J. Ewing Mears, M.D. Philadelphia: P. Blakiston, Son and Co. 1889.

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