sideration your correspondent will agree with me that it would be utterly hopeless to expect the Council to help us in doing things which we are clearly bound to do for ourselves. The question is, will an association such as is proposed help us or not? I say decidedly it will, if we can by association present ourselves a solid phalanx—I was almost act on their better feelings, and try to get them to respect themselves and their profession. I feel sure that upon con-
solicitor, why not also a doctor? Registration, I also say, should be compulsory; but will mere registration put down

perhaps he still waits. And, as there are exceptions to every rule, and streams in the East do dry up sometimes. In time, may be, when the Council is got to take action, we all, with the happy rustic, shall pass over to the "promised land," and find compensation for our weary waiting. But when? I am afraid echo will sadly answer, When?

RIGORS.

To the Editors of The Lancet.

SIRS,—I think it is quite time, seeing that employers of labour have had an interview with the Home Secretary, for the certifying surgeons to meet to consider their position, and, if thought desirable, to present their opinions to the Home Secretary. I submit that, there is as much need now as there ever was for the office of the certifying surgeon for many reasons, which are obvious perhaps not so much for the purpose of filling up a certificate of age as for determining the fitness for work &c. I hope the surgeons holding these appointments will combine themselves into a society forthwith to discuss the whole bearings of the subject.

Yours faithfully,

ACCRINGTON, Feb. 12th, 1889.
RICHARD CLAYTON.

CERTIFYING FACTORY SURGEONS.

To the Editors of The Lancet.

SIRS,—I have read Mr. Gilchrist Burnie's article on "Rigors: what they may indicate," in your issue for Jan. 26th, with much interest. In a paper published by me in 1881, entitled "Observations on Puerperal Temperatures," I wrote as follows: "A rigor is not simply an indication of the advent of the febrile condition; it demonstrates that perverted function has already taken internal possession; it is the signal of distress which the nervous system throws out on its being perturbed by the invading messenger. That rigors are not always present, or, if so, unnoticed, is not singular. But it is, as usual, an experience to be seen, as naturally to be expected, that metric affections, accompanied with much pain are paralysed by a decided rigor. The recurrent rigors characteristic of pyemic affections are to be regarded as indicating the attempts of the system to throw off the repeated doses of the poison: the rigors which are not uncommonly an accompaniment of cases which are of purely mental causation are accounted for in the same way; they are manifestations of internal nervous irritations. When, in such cases, the climax is more gradual and insidious in development, the climax as shown by rigor is seldom reached. Possibly the nervous sensibilities are too much exhausted to resist the intruding evil after it has assumed such dimensions as to be of vital consequence. Rigors have been previously underdressed. In some terrible rapid cases of puerperal death there is no time for the exhibition of rigor; the system succumbs to the poison ere it has had time to evince any resistance. In many cases the rigor is so mild that it escapes notice, and in others I believe it is never present owing to individual peculiarity or to some of the preceding causes. The foregoing had special reference to the puerperal condition but is equally applicable. I am glad to find additional corroboration of my interpretation of rigors in Mr. Burnie's valuable clinical contribution. I am, Sirs, yours truly,

J. A. D. LEITH NAPEL, M.D.

Beaufort-gardens, S.W., Jan. 30th, 1889.

MIDWIFERY FORCEPS.

To the Editors of The Lancet.

SIRS,—In Dr. Haslam's letter in The Lancet of the 9th inst. concerning my forceps there are some remarks which are most misleading, and which call for an immediate reply from me.

Speaking of the handle of the upper blade, he says: "If flexed forwards (as in Mr. Blenkarne's) the thigh and calves of the patient would utterly prevent introduction." (!) Dr. Haslam must imagine the patient to be lying in a very peculiar position at the time of my letter. I then had it in mind, and I say expressly, that some such arrangement would not only assist introduction, but would render the operation much less painful. I also say, the forceps to the notice of the profession. Then again, although this is a very "knowing" age, it is certainly news to me that a uterus can diagnose as to whether it is an upper or a lower blade that is introduced first, and repel the intrusion of a lower blade by the forceps. Again, when? I am afraid echo will sadly answer, When?

Perhaps he still waits. And, as there are exceptions to every rule, and streams in the East do dry up sometimes. In time, may be, when the Council is got to take action, we all, with the happy rustic, shall pass over to the "promised land," and find compensation for our weary waiting. But when? I am afraid echo will sadly answer, When?

Yours faithfully,

Feb. 4th, 1889.
W. L'HEUREUX BLLENKAN.

Leicester, Feb. 9th, 1889.

RIGORS.

To the Editors of The Lancet.

SIRS—I have read Mr. Gilchrist Burnie's article on "Rigors: what they may indicate," in your issue for Jan. 26th, with much interest. In a paper published by me in 1881, entitled "Observations on Puerperal Temperatures," I wrote as follows: "A rigor is not simply an indication of the advent of the febrile condition; it demonstrates that perverted function has already taken internal possession; it is the signal of distress which the nervous system throws out on its being perturbed by the invading messenger. That rigors are not always present, or, if so, unnoticed, is not singular. But it is, as usual, an experience to be seen, as naturally to be expected, that metric affections, accompanied with much pain are paralysed by a decided rigor. The recurrent rigors characteristic of pyemic affections are to be regarded as indicating the attempts of the system to throw off the repeated doses of the poison: the rigors which are not uncommonly an accompaniment of cases which are of purely mental causation are accounted for in the same way; they are manifestations of internal nervous irritations. When, in such cases, the climax is more gradual and insidious in development, the climax as shown by rigor is seldom reached. Possibly the nervous sensibilities are too much exhausted to resist the intruding evil after it has assumed such dimensions as to be of vital consequence. Rigors have been previously underdressed. In some terrible rapid cases of puerperal death there is no time for the exhibition of rigor; the system succumbs to the poison ere it has had time to

1 Transactions of the Edinburgh Obstetrical Society, vol. vi.

summon resistance. In many cases the rigor is so mild that it escapes notice, and in others I believe it is never present owing to individual peculiarity or to some of the preceding causes. The foregoing had special reference to the puerperal condition but is equally applicable. I am glad to find additional corroboration of my interpretation of rigors in Mr. Burnie's valuable clinical contribution. I am, Sirs, yours truly,

J. A. D. LEITH NAPEL, M.D.