March 23rd. She brought 232 invalids from South Africa to the Royal Victoria Hospital, Netley. The *Dilwarra* arrived with 18 invalids for Netley on March 26th.

TRANSVAAL WAR CASUALTIES.

Died from Disease.—Major James Minniece, R.A.M.C., died from enteric fever at Pietermaritzburg on March 17th. Lieutenant Hall, Volunteer Medical Corps, died at Mooi river on March 20th.

The following gentlemen have joined the Army Medical School, Netley, as surgeons on probation for the Royal Army Medical Corps: A. E. Hamerton, M.R.C.S. Eng., L.R.C.P. Lond., Leeds; C. H. Straton, M.R.C.S. Eng., L.R.C.P. Lond., St. Mary's Hospital; E. P. Sewell, M.B., B.C. Cantab., Cambridge University and St. Bartholomew's Hospital; and T. H. Stevenson, M.B., C.M. Edin., Edinburgh University and Queen's College, Belfast.

Sir James Reid, Bart., K.C.B., has relieved Deputy-Inspector-General H. C. Woods, M.V.O., of the Royal yacht *Victoria and Albert* in medical attendance at Windsor Castle.

Correspondence.

"Audi alteram partem."

"THE DEFECTS OF THE MIDWIVES BILL."

To the Editors of THE LANCET.

SIRS,—On reading my address to the Islington Medical Society in THE LANCET of March 24th on the Defects of the Midwives Bill I find I have not defined with sufficient clearness the view of the General Medical Council as to the suggestion that the midwife in cases of abnormality or danger shall be required to send for a medical practitioner. The Council does strongly insist on this point. But it does not go on—as I do and as the resolutions of the Islington Medical Society do—to urge that the County Council as the local licensing and supervising authority should be required to appoint medical men to whom the midwife can apply in such cases. The Midwives Committee of the General Medical Council did make this suggestion in 1898, but the General Medical Council thought it involved a financial point beyond its province and simply passed the following resolution:—

That the regulations under which licensed midwives are required to practise should include provisions securing that the midwife shall immediately seek qualified medical assistance in every case which presents symptoms of difficulty, abnormality, danger, or disease on the part of the mother or the new-born infant.

I am still of opinion that unless the Bill empowers county councils to appoint and pay medical practitioners to respond to the calls of the new midwife, with powers of recovering cost where practicable, she may often find herself in painful circumstances, or the medical profession will often have to supply gratuitously the defects of her service.

I am, Sirs, yours very truly,

March 24th, 1900.

J. G. GLOVER.

THE ORGANISM (?) OF RHEUMATISM.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 17th there are three papers on Acute Rheumatism of great interest. I therefore take the opportunity of pointing out that in 1891 I described in THE LANCET an organism which I had found present in the blood in patients suffering from acute rheumatism. My observations tend to corroborate the opinion expressed by Dr. A. E. Garrod that "the infection of acute rheumatism lingered on." I have observed in cases under my care that the organism continued to be present in diminished quantity—sometimes for a week or ten days after the pain and fever had subsided—and in those cases have continued the administration of the salicylate until the blood was quite free from the microbe. I have also treated cases of acute rheumatism with drugs other than salicylates and have found that whereas the administration of salicylate of soda has caused a marked diminution of the microbe in the blood examined within a comparatively few hours, the other drugs used have had apparently no effect, and in the same patient after being treated with bicarbonate of potash, antifebrin, antipyrin, &c., without effect, a few doses of salicylate would cause the rapid disappearance from the blood of

the rheumatism microbe. As my previous observations in THE LANCET passed quite unnoticed, and as I think we have a very valuable guide in the treatment of acute rheumatism by the observation of the blood both as to prognosis and treatment, I should, under your supervision, be glad to put my results to the following test to prove the genuineness of the discovery. Will Dr. Garrod or Dr. MacLagan, whose names would put the matter beyond suspicion, send me, say, half-a-dozen cover-glass preparations of blood drawn indiscriminately from patients suffering from acute rheumatism (with fever) and also some from healthy patients? I will undertake to examine the slides and tell them which are the cover-glass preparations from the healthy cases and the ones from the rheumatic fever patients. The slides to be all numbered unknown to me in the presence of an independent witness. Being only a general practitioner fond of the microscope I have not the opportunity of bringing my work before the profession, but in this case I consider the results of such general utility that I venture to make them prominent. Of course, I am quite aware that it is one thing to find a microbic organism constantly present and another thing to cultivate the same and reproduce the disease; the latter is for obvious reasons impossible, and the former a very difficult and perhaps also an impossible matter; but it is quite sufficient for our purpose to find the organism in the blood increasing and declining *pari passu* with the disease.

I am, Sirs, yours faithfully,

EDWARD F. GRÜN.

The Hall, Southwick, Sussex, March 17th, 1900.

A NOTE AND CRITICISM ON OPERATIONS FOR THE REMOVAL OF STONE FROM THE BLADDER.

To the Editors of THE LANCET.

SIRS,—When surgeons publish their cases in the medical journals, and especially when in so doing they make definite statements as to the merits of one surgical procedure as compared with others, they should be very careful lest by recommending wrong procedures they do grave mischief in misleading others. The chief object that should prompt us to publish our cases is that of teaching others and placing our most recent experience before the world. Whilst admitting that the profession at large owes much to the general body of hospital surgeons who give the results of their experience to their less fortunately placed brethren, I fear that sufficient care is not taken to prevent the publication occasionally of wrong principles. I fear, also, that we refrain too often from the uncongenial task of refuting wrong principles and wrong teaching when we see them published.

In the *Mirror of Hospital Practice* at page 1295 of THE LANCET of Nov. 11th, 1899, is published the following: "A Case of Calculus Vesicæ in a Man, aged 53 years; Suprapubic Lithotomy; Bladder Sutured; Catheter Tied in for 12 Days; Uninterrupted Recovery." It appears that this patient was admitted to hospital on Sept. 25th. He was subjected to suprapubic lithotomy on Oct. 5th, an incision three inches long being made in the linea alba. A soft rubber catheter was tied in and left there for 12 days. The calculus weighed 38 grains. The patient was discharged quite well on Oct. 28th, having been over a month under treatment. In the paragraph introducing the record of the case the statement is made that the treatment of calculus of the bladder is at the present time in a transition stage—a statement that I feel sure those who have had some experience in vesical surgery will not admit. The writer of the paper under reference, after recounting that 40 years ago the lateral operation was acknowledged to be the best, relates how lithotripsy came with all its improvements, especially those of Bigelow, and later its extension to children by Keegan and the manufacture of larger and stronger lithotrites which made it possible for the surgeon to deal with success with any stone of whatever size or material. Then comes the portion of the paper to which I take most grave exception: "More recently still there has been a revival of the high operation of lithotomy. And now that fear of wounding the peritoneum, &c., has been almost banished it is not improbable that this operation will in many cases replace the crushing method; there are many arguments in its favour, &c." This teaching is as retrograde as it well could