mothers died, a mortality large beyond doubt, but much less than that following either re-position or allowing the head to squeeze past the undiminished tumour. It is to be noted, moreover, that in most of these cases re-position had previously been attempted, so that the tumour had necessarily been subjected to mechanical injury, and also that most of them occurred many years ago before the days of strict antiseptics. It is difficult to see why a simple aseptic puncture should be branded as "an unsurgical procedure," since it may not only obviate the necessity of a Cæsarean section, but of the almost more formidable danger of an ovariectomy by unskilled hands during the actual progress of labour. If the contents of the tumour were found to be of such a character as to prevent its collapsing, then, of course, ovariectomy must at once be proceeded with.

In some of these cases, since the tumours are necessarily small and generally with long pedicles (Mr. Bland-Sutton says: "As is always the case in such circumstances it had a long and slender pedicle") vaginal ovariectomy might possibly be successfully practised. McKerron gives three cases in which this alternative was adopted, in all of which the mothers recovered.

While I do not question that in such hands as Mr. Bland-Sutton's coeliotomy is the practice which should be adopted, he has not convinced me that I was wrong in writing of these cases in the last edition of my book on midwifery: "It is to be noted, however, that accurate diagnosis as to the character of the tumour is not generally possible and it seems to me that, with careful antiseptics, a preliminary puncture is the simplest and probably the safest procedure."

I am, Sirs, yours faithfully,

Grosvenor-street, W., Feb. 15th, 1901.

W. S. PLAYFAIR.

To the Editors of THE LANCET.

SIRS,—If you will print the inclosed remarks made by Dr. Herman before the Obstetrical Society in 1898 your readers will be able to read for themselves his advocacy of vaginal tapping.

I am, Sirs, yours faithfully,

Cavendish-square, W., Feb. 18th, 1901.

J. BLAND-SUTTON.

[INCLOSURE.]

Adjourned Discussion on Dr. McKerron's Paper on "The Obstruction of Labour by Ovarian Tumours in the Pelvis."

Dr. Herman said that Dr. McKerron's paper was the fullest account of the complication of labour with ovarian tumours that had yet been given. He (Dr. Herman) agreed in the main with Dr. McKerron's advice, but there was one method of treatment, the credit of which he believed Dr. McKerron had given to Fritsch, which he thought deserved fuller consideration and commendation than Dr. McKerron had given to it—viz., the making an incision into the cyst through the vagina and stitching the opening in the cyst to the margins of the vaginal incision. In this way the emptying of the cyst contents outside the peritoneum was secured. If the cyst were a dermoid, as many of the cysts which obstructed labour were, simple tapping was attended with much danger of the cyst contents escaping into the peritoneal cavity and setting up peritonitis. (Of the 43 cases in Dr. McKerron's paper treated by tapping or incision 24 died.) This danger was avoided by Fritsch's procedure. He (Dr. Herman) did not advise this for tumours that could be pushed up, nor for those which came under the care of experienced operators in circumstances suitable for the performance of ovariectomy. But many of the cases occurred in the practice of accoucheurs having little or no experience in ovariectomy. The time at which the reposition of an ovarian tumour became impossible was in the second stage of labour, when the tumour was driven down by the advancing presenting part of the child. At this time prompt treatment was needed; there was not time to place the patient under the care of an experienced surgeon. In such circumstances he thought incision and suture was the best course which an accoucheur inexperienced in operating could follow. If such a case came under the care of an experienced operator he inclined to agree with Professor Spencer in thinking the abdominal mode of operating better than the vaginal. If the tumour was driven down into the pelvis there was usually tension of its pedicle; and tension of the pedicle called for extreme care in tying it, produced risk of the knots slipping and the compression of the vessels being imperfect, with hæmorrhage as the result, and such after-hæmorrhage it would be almost impossible to stop by vaginal treatment.

"MR. VICTOR HORSLEY'S REPORT."

To the Editors of THE LANCET.

SIRS,—I have read Dr. Bruce's letter in your last issue with feelings of astonishment and regret. Without communicating with me previously he tells you and through you my constituents that my last report to them was incorrect and "my dicta in the highest degree misleading." After this grave general charge against my accuracy he goes on to state that "it is as nearly as possible the opposite of the truth to say that the representatives of the friendly societies

would never consent to the question of the wage-limit being discussed at the Conciliation Board. On the contrary this was one of the questions which we (*sic*) expressly deferred for discussion until such a board would be formed." Dr. Bruce thus raises a plain issue. Although he does not make the direct statement the reader of his letter can only assume that the committee of the General Medical Council, of which Dr. Bruce is a member, had at one time or another agreed with the representatives of the friendly societies that they should defer the discussion of the wage-limit question to the meeting of the Conciliation Board. As I knew that no arrangement of this kind existed in the official documents on this subject open to me I telegraphed to Dr. Bruce and asked him to give me reference to the record of this transaction which he advanced in your last issue and on which he founded his charge against the accuracy of my report. I was not in the least degree surprised to receive the following telegram from him: "No record published agreed to first sitting." We are, therefore, to take it that some secret meeting took place and that we are indebted to Dr. Bruce's memory alone for what passed at that meeting. I must now prove, first, that Dr. Bruce's memory has played him false; second, that it is not my facts which are incorrect, but his; and third, that it is not my statements which are misleading, but his own. As reported in the minutes of the General Medical Council, 1899, p. 530, the Committee of the General Medical Council on Medical Aid Associations, of which Dr. Bruce is a member, held a formal conference with the representatives of the friendly societies on May 4th, 1898. A verbatim shorthand report of this conference was issued to the members of the Council on June 5th, 1899. At this conference the question of the wage-limit was brought up. The hostility of the representatives of the friendly societies to it was both unanimous and extreme, with the result that the question was finally and absolutely put into the background. From beginning to end of the conference in question there was not a single word said about this matter being deferred for discussion at the Conciliation Board. On the contrary it was expressly declared from the chair before the formation of a board was raised that the question of wage-limit was disposed of. Whatever Dr. Bruce may remember as having occurred at some previous secret conference of which according to his own statement no record is open to myself or others of his colleagues, that is of necessity entirely obliterated by what passed at the subsequent conference on May 4th, 1898. As we are in possession of a verbatim printed report of the proceedings of that meeting there is no room for any misunderstanding or lapses of memory as to what was the attitude of the representatives of the friendly societies on the question of wage-limit. Dr. Bruce makes a kindly reference to my anxiety for the interests of my constituents, the registered practitioners of England and Wales. I should be betraying those interests if I failed to report accurately and faithfully as known to me the facts bearing upon questions towards which I am placed in a judicial and fiduciary position. I have had to bear what I suppose is an average number of misrepresentations of my public acts since my election to the General Medical Council, but this charge of inaccuracy now formulated by Dr. Bruce, the Direct Representative of Scotland, is not only the most painful but the most untrue of them all.

I am, Sirs, yours faithfully,

VICTOR HORSLEY.

P.S.—Since writing the above Dr. Bruce has sent me the following by letter in response to several telegrams from me asking him whether May 4th, 1898, or what was the precise date on which his imaginary arrangement with the friendly societies' representatives was arrived at. "It is terrible to be pelted with telegrams with no records to refer to. 'May 4th, 1898,' has receded into the utterly hazy distance with me. Why not try Glover? He must have some sort of journal. I never kept anything of the kind." To comment on Dr. Bruce and his methods of conducting the public business of the profession would be waste of your readers' time.

THE OUTBREAK OF DIPHTHERIA AT OLD HEATH.

To the Editors of THE LANCET.

SIRS,—Your article in THE LANCET of Feb. 9th, p. 426, upon the outbreak of diphtheria at Old Heath, Colchester, describing the attitude taken up by Dr. George Brown, the

medical officer of health of Colchester, opens up more than one question of some importance. Even those of us whose experience agrees with that of Mr. E. A. Hunt in the treatment of diphtheria by means of the injection of antitoxin cannot admit that any practitioner should be coerced into using it. At the same time, as Dr. Brown has stated that he possesses a remedy for the disease which is of greater value than antitoxin and that the results of his method of treatment "are incomparably superior and more satisfactory than those given by the serum treatment," he must surely be in a position to prove his statement and only good could arise by permitting others to know of the details of his method. Indeed, in view of the fact that the patients of other practitioners are admitted to the fever hospital, the latter are certainly entitled to have demonstrated to them that the treatment in the institution will be satisfactory to them; otherwise it is hardly to be expected that they will advise the removal of those under their care, and the community for the well-being of which the medical officer of health is responsible will necessarily suffer.

I am, Sirs, yours faithfully,

HERBERT JONES,

Medical Officer of Health, Herefordshire
Combined Districts.

Hereford, Feb. 16th, 1901.

"ARSENICAL BEER POISONING."

To the Editors of THE LANCET.

SIRS,—Permit me to point out that in your report of my contribution to the discussion on this subject at the meeting of the Royal Medical and Chirurgical Society on Feb. 12th my opening remarks are not quite correctly reported in that they perhaps seem to cast an element of reproach on my Manchester confrères for not detecting the cause of the epidemic earlier, whereas nothing could have been further from my intention than to imply any such reflection. Those who were present at the meeting will bear me out that after speaking in terms of high praise of Dr. Reynolds's discovery of the cause of the epidemic I somewhat playfully remarked that in a certain work on forensic medicine, the author of which I stated should be nameless, there occurred the statement that "in cases of peripheral neuritis of doubtful origin it is advisable to carefully examine the urine for arsenic." I, in common I am sure with many others, have nothing but admiration for the skill with which the mystery of the epidemic has been elucidated by Dr. Reynolds, Dr. Dixon Mann, Professor Delépine, and others.

I am, Sirs, yours faithfully,

Weymouth-street, W., Feb. 19th, 1901.

ARTHUR P. LUFF.

THE COVENTRY DISPENSARY.

To the Editors of THE LANCET.

SIRS,—I am sure that your readers will agree that the profession of medicine is much indebted to the Birmingham and Midland Counties Branch of the British Medical Association for their attitude in refusing to give professional recognition to the medical officers of the Coventry Dispensary until they either bring their institution into line with professional opinion or resign the appointments they hold. Out of some 110 members present at the meeting there were but six dissentients, and it is gratifying to find that in such a meeting so many men were banded together in the common interests of reform.

If other cities were to take a decided stand against such institutions there would be less heard of professional abuse, and medical attendance upon any and all-comers irrespective of their means and position for so paltry a sum as that often offered would cease to exist. At the same time the fact would be brought home to medical men that in visiting members of dispensaries and benefit clubs financially they (the medical men) would be the losers, for it is absolutely impossible that a few shillings a year would repay the medical man for serving a lay committee. He must sooner or later recognise that he is "farmed" by such committee of laymen or that he is willing to give his services for philanthropic motives.

My suggestion is that immediate steps should be taken in other localities, through the British Medical Association and the press, to condemn any medical practitioners holding appointments in institutions not conducted upon lines in accordance with professional opinion, supposing, of course,

due and sufficient warning had been given to them. After such condemnation, a reasonable time being allowed for alteration of their conduct, any practitioners transgressing should be indicted before the General Medical Council as being the servants of laymen who exploited them for pecuniary gain, and, if I mistake not, their positions would be analogous to that of Dr. Irvine and the Birmingham Consultative Institute.—I am, Sirs, yours faithfully,
Coventry, Feb. 19th, 1901.

EDWARD PHILLIPS.

SCARLET FEVER AND HOSPITAL ISOLATION.

To the Editors of THE LANCET.

SIRS,—Will you allow me to correct the report in THE LANCET of Feb. 16th, p. 477, of my remarks at the meeting of the Society of Medical Officers of Health on Feb. 8th? I said a good deal more than is reported, but with this I shall not deal. I did not say that isolation hospitals were everywhere overcrowded—this we know is not the case. What I did say was that they were very commonly too small for the requirements of the districts to which they belonged, and frequently overcrowded, which is a very different thing. Again, I did not say that our own hospital was grossly overcrowded, but that it had at times been greatly overcrowded in the attempt with inelastic accommodation to meet the requirements of epidemic conditions. It is certainly not overcrowded at the present time.

I am, Sirs, yours faithfully,

Nottingham, Feb. 16th, 1901.

PHILIP BOOBYER.

"MEDICAL CERTIFICATES AND THE LONDON SCHOOL BOARD."

To the Editors of THE LANCET.

SIRS,—It is surely obvious that the certificate system of the School Board wants alteration and I would suggest that some such arrangement as the following should be agreed upon. In the case of a child or of a teacher, if the patient or the patient's legal guardians can pay for a certificate let them do so. If they are too poor, and the medical man in attendance likes to give one out of charity let him do so, but if not, when a patient under the board cannot get a certificate the fact might be reported to the board. The medical officer might then write to the practitioner in attendance and inform him that it is his duty to see the patient and he should ask the practitioner to fix a time when they could meet over the case. If the practitioner chose to attend he should get a fee of, say, 1s., after the scale for notification of infectious disease as regards a patient connected with a public institution. If he did not choose to attend he would get no fee and the medical officer of the board would be in a perfectly correct position. The medical officer draws a large salary and it seems to me that it is his plain duty to sign medical certificates for the board when required. The shilling should be paid by the board, for I do not fancy that many cases would arise where the above arrangement would have to be carried out.

I am, Sirs, yours faithfully,

INTERESTED.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

Reforms and Improvements in the Indian Medical Service.—Further Increase of the Plague Epidemic.—Miscellaneous News.

IN order to relieve officers of the Indian Medical Service proceeding on furlough the Government of India have sanctioned the engagement of 20 private medical practitioners. In addition to this temporary measure I understand that it has been practically settled to increase the permanent strength of the service, and in addition also to create an asylum service, which will be open to officers who have had special experience of the insane. The pay for this branch also will be sufficiently attractive to draw in men from outside. I understand also that the jail service will be improved so that those officers who wish to devote their energies in this direction for a long period will be duly