Correspondence.

"Audi alteram partem."

"THE REGISTRATION OF MIDWIVES."

To the Editors of THE LANCET.

SIRS,—I can perhaps give no higher praise to the admirably wise and judicious deliverance in your issue of April 25th upon the above subject than to say that it is worthy of the reputation of the Editors of THE LANCET. As I have had the misfortune—as a punishment for my sins, I suppose—to become interested in the midwives question I crave your indulgence in order to place before your readers some thoughts which have occurred to me in connexion therewith. It has been the grave misfortune of the British Medical Association, in attempting to deal with this important subject, that it has apparently derived both its inspiration and its ideas from the Midwives' Institute, and that, so far as I can judge, the matter has been but little considered either from the standpoint of our profession or that of the public. In what I desire to say on the subject I shall endeavour, as far as possible, to do justice to all three. In connexion with any proposed legislation the initial point to determine is the achievements to be aimed at, and in connexion with the present matter I regard these as mainly three in number:—1. To help and protect the poor. As labour of this kind is familiar to every member of our profession from his professional cradle to his very grave, I feel sure that any wise proposals in that direction will meet with nothing but a generous and hearty response from every one of us. 2. To maintain the just rights and liberties of the profession. The Medical Act of 1886 was, I understand, passed into law in the interests of the public and in order to protect them from the dangers arising from the employment of partially and incompletely educated medical practitioners. These dangers are quite as real to-day as they were in 1886, and midwifery certainly ought not to be the least important part of a medical man's training. The door of our profession stands as widely open for women as it does for men and all are welcome who enter in that way; but attempts to get over the wall (as proposed by these Midwives Registration Bills) are sometimes devoid of an honest intent and ought to be very carefully attended to. 3. To deal justly with so-called midwives. The extensive employment of these women by the poorer members of the community has rendered them an apparent necessity of our civilisation, and the wise course for our profession to pursue is to recognise the fact and deal fairly and honestly with the same. Having thus indicated the chief objects to be aimed at in any proposed legislation, I pass on to consider very briefly the principles which should guide that legislation, and these, also, are in my opinion mainly three:—1. To maintain the Medical Act of 1886. This I have already dealt with, and it does seem to me that the profession which is not prepared to defend and maintain its lawful rights and privileges never deserved to have any. 2. The local registration of midwifery nurses by the medical officer of health. The advantages of such a course as distinguished from the creation of a national register for these women seem to me to be as follows. (a) It meets the circumstances of the case. When I reflect that there are from 20,000 to 30,000 midwives in England and Wales, and that on an average the professional training of these women has probably cost less than a five-pound note, the need for a national register in order to conserve an educational training of that value is not apparent, and such a register in their case would be very likely to bring national registers into contempt. (b) It would be efficient. There is little doubt that as far as it goes our sanitary service deserves this character. In urban districts, where the medical officer of health is exclusively devoted to the duties of his office, there is no doubt that he would deal perfectly justly with these women, and would, in his desire to keep down his puerperal mortality, exercise upon them an enormous influence for good. We should have in this case direct medical supervision in the best and I believe the only possible sense. Where the medical officer of health is engaged in general practice safeguards against injustice ought to be provided by permitting an appeal either to the medical officer of health for the county or to some other impartial

authority. (c) It would be cheap because the machine for its administration is already in existence. The creation of an administration anything like so efficient in connexion with a national register would annually cost an enormous sum of money. (d) It would be a register for sanitary purposes only, and I confess that with the best intentions possible I quite fail to see what just claim existing midwives have to anything more exalted. 3. The training of the midwifery nurse. Nursing is essentially a practical matter, involving little or no theory, and the training should for that reason be as far as possible practical also. There is a real danger of the training of these nurses being pitched too high, and I consider that six months' residential training in a public lying-in hospital or union infirmary, where there are not less than fifty confinements per annum, conducted in every case under the direct supervision of the resident medical officer, would meet the requirements of the case.

These are, Sirs, it seems to me, the main principles to be held in view in connexion with any proposed midwifery legislation, but there are several others of great but secondary importance. No medical practitioner, for example, should be permitted to undertake the training of these women until he has satisfied the General Medical Council as to his capacity to comply with the requirements of the Act, and he should be responsible to that body for the discipline and efficiency of the training imparted. The question of an examination is also important and one requiring careful consideration. I have little confidence in, and less admiration for, midwives' examinations as hitherto conducted, and I believe that this much over-done ceremony might in their case be dispensed with with advantage. The British public are an extremely efficient set of examiners. In any case the setting up under legal authority of special examining boards for the exclusive use of these women is, in my opinion, an error of judgment. If the General Medical Council is fit to govern the great profession of medicine it is quite competent to deal efficiently with such a trifling matter as the examination of these midwives, and the whole matter should be left in its hands. Having received her training it would be possible for the midwifery nurse to follow one of two courses—viz., either to go out as a monthly nurse under a medical practitioner (in which case her training would be an inestimable help and boon to him and a very distinct and palpable advantage to the public) or she might at once—or after a year or two's experience as a monthly nurse—get registered by the medical officer of health and undertake the duties (subject to the sanitary and other conditions furnished her by that official) now discharged by so-called midwives. When so registered the midwifery nurse would, of course, only attend cases devoid of complications within the meaning of the Act.

When I consider, Sirs, the average cost of the training of existing midwives—on an average certainly not more than £5—and also consider that in the Act suggested the cost would probably not exceed £10, and when I reflect upon the very substantial earnings of good monthly nurses and midwives, I entirely fail to see how under such an Act any injustice could arise to these women. This essentially sanitary scheme of registration has at least the advantages of being simple, of being cheap, and, for the purposes which it is intended to accomplish, of being efficient. If carried into law it would, in my opinion, do the profession no harm, it would do the better class of midwives some good, and it would very certainly materially reduce the puerperal mortality for England and Wales in the course of a few years. I should be very glad to be able to believe that some much more ambitious projects were capable of doing as much good and as little harm.

I am, Sirs, your faithfully,

Salford, April 27th, 1896.

WILLIAM FRASER.

MATERNAL SYPHILIS.

To the Editors of THE LANCET.

SIRS,—Dr. Shaw-Mackenzie's courteous criticism of my first Hunterian Lecture calls for but short reply from me. The view that inherited syphilis in the infant is in every instance derived from the mother is, I should have thought, sufficiently refuted to need no further demonstration on the point. To have entered at any length on this part of the subject would have seemed to me equivalent to dealing with the proverbial "man of straw." I would readily grant that

transmission through the germ is much more easily comprehensible than that through the sperm, but I would contend that all facts confirm inheritance from the father independently of the mother. Some obscurity in my language has doubtless led to a misapprehension on Dr. Shaw-Mackenzie's part. I never intended drawing any percentage between the two sets of cases, in the one of which the mothers were apparently healthy and in the other undoubtedly syphilitic. Without having gathered any statistics on the point I should from personal impressions consider that the cases of inherited syphilis where the mother is apparently free outnumber those where she is obviously syphilitic by three or four to one. Dr. Shaw-Mackenzie's statistics from Mr. Henry Lee's note-books will be of interest. The value of their bearing on the point at issue, however, will be vastly discounted by the consideration that they probably only relate to women coming under notice for obvious syphilis. Dr. Shaw-Mackenzie's experience at children's hospitals probably furnishes the truer view of the state of affairs as regards the mothers of syphilitic infants in general. To one of his statements I must take strong exception, and this is that immunity to syphilis, partial or complete, is the equivalent of the acquisition of the complaint itself. I shall look forward with pleasure to the appearance of Dr. Shaw-Mackenzie's paper in your columns, and shall possibly find occasion to comment on it.

I am, Sirs, yours truly,

Upper Berkeley-street, May 5th, 1896.

J. A. COUTTS.

"THE BRONCHITIS KETTLE AND POULTICES IN PNEUMONIA."

To the Editors of THE LANCET.

SIRS,—I am glad to see in THE LANCET of April 18th that Dr. F. de Havilland Hall draws attention to the treatment of acute lung affections, and in particular to the use of bronchitis kettles, poultices, and diet. It has too long been the custom to follow the stereotyped method without giving the matter that consideration which it deserves. For some time I have failed to see the *rationale* of the treatment of pneumonia with poultices, and consequently they are now banished from my list of remedies, with, I am convinced, much better results than I formerly obtained with them. To load a person's chest with an accumulation of evil-smelling and uncomfortable material whilst he is suffering from respiratory difficulties seems contrary to common sense, when to open the window and secure to him a breath of fresh air which he so much desires would much better meet the requirements of the case. If there is any advantage in a poultice, which I very much doubt, it is greatly outbalanced by the dangers of an ever-changing temperature in the region of the chest as must follow a succession of poultices. I have used Gamgee tissue now for some years and am satisfied that my results have fully justified its use. As far as diet is concerned, in cases of pneumonia I believe in giving the patient a fairly free scope; during the acute stage there is usually a dislike for food of any kind, and to try to force it at painfully regular intervals seems more cruel than kind. To give an instance, I have recently had a case of pneumonia in a child four years of age. The temperature stood at 105° F. for ten days; there was complete anorexia during the whole period, so I ordered milk with a little lime-water, cold water, and barley-water; these satisfied the patient's craving for liquids and being cold were more acceptable. The mother, fearing the child would become exhausted, gave some sickly preparation resembling beef-tea, which was immediately expelled; the experiment was not again tried. On the eleventh day the temperature went down to 99°, the appetite returned, the tongue cleaned, and the recovery was a rapid one. The child's cry for solid food was gratified and no discomfort followed. The bronchitis kettle I have no experience of.

I am, Sirs, yours faithfully,

Darwen, April 30th, 1896.

F. G. HAWORTH.

"THE NEW PHOTOGRAPHY."

To the Editors of THE LANCET.

SIRS,—In conjunction with Mr. John Aitken I have been working for some time at a means of shortening the exposure required for the new photography. We first tried painting a

platinocyanide solution on to the sensitive film, but found that it injured the emulsion and made the negative difficult to fix. We also tried various forms of interposed fluorescent screens which, though they much shortened the exposure, interfered with good definition. Lastly, in consequence of your article on the use of fluor-spar placed behind the film, we have made, with Mr. Bidwell's help, some experiments in this direction. I may sum up the results we have obtained as follows: celluloid negatives should be used in place of glass; the fluor-spar should be finely powdered and pressed well against the film; the fluor-spar should be thoroughly removed before developing; the exposure time is reduced to about one-third of the ordinary exposure; definition is not interfered with; calcium tungstate may be used in place of the fluor-spar and appears to exercise a more marked effect; and platinocyanide screens may also be made use of.

I am, Sirs, yours faithfully,

DAWSON TURNER, M.D. Edin., M.R.C.P. Lond.,

Lecturer in Physics at Surgeons' Hall, Edinburgh.

George-square, Edinburgh, April 20th, 1896.

THE NILE EXPEDITION.

To the Editors of THE LANCET.

SIRS,—Having recently returned from the Nile I have read your article on Egypt with much interest. I fully agree with what you say concerning the sanitary condition of Cairo and some of the towns up the river, but I disagree with you as to the probable result of the advance of the Nile expedition. Aswân I consider one of the healthiest of the health resorts on the upper reaches of the Nile, but visitors have been constantly scared during the past winter by the Dervish raids which have taken place between Wady Halfa and Aswân. One of these raids took place while I was myself at Aswân, and I can assure you it very greatly accelerated the return of Europeans down the Nile. The Dervishes having the rich province of Dongola to fall back on, from which they draw their supplies, are able practically to make these raids with impunity. There will be no safety for the upper reaches of the Nile until the Egyptian Government holds Dongola. I therefore think that a military expedition to Dongola will aid instead of retard the sanitary and social conquest to which you refer by rendering safe the upper reaches of the Nile. It is no good going in for costly sanitary improvements with a view of attracting invalids until the frontier is safe—patients will not go where they are liable to constant scares from Dervishes. Thanking you in advance for the insertion of this letter in your valuable journal,

I am, Sirs, yours faithfully,

EDWARD STEWART, M.D. Brux., M.R.C.P. Lond.

East Grinstead, May 2nd, 1896.

SAFE v. DANGEROUS ELECTRIC LIGHT CURRENTS.

To the Editors of THE LANCET.

SIRS,—As I have always, from practical experience, contended that electric light and power can be more efficiently and economically supplied to towns and urban districts within a radius of five or six miles by using continuous currents rather than high-pressure alternating currents, I was, to settle as far as possible the question of danger, impelled to write to the Board of Trade for information. To my letter of inquiry they have courteously replied as follows: "In reply to your letter of the 9th inst. I am directed by the Board of Trade to state that they have been informed of nine cases of fatal accidents to employés at generating or transforming stations where high-pressure alternating currents are used, but that no instances have been reported in the case of low-pressure continuous currents." As the information received is of great public interest I trust you will see the desirability of making this known to your numerous readers.

I am, Sirs, yours truly,

Electric-avenue, S.W., May 4th, 1896.

A. L. FYFE.

* * The Board of Trade have given the answer that might have been expected. To give the comparison any real value it should have been made between alternating and continuous currents having the same effective voltage. There are reasons for supposing that high-pressure continuous current of, say, 1000 volts—e.g., as at Oxford—would by its electrolytic effect prove more dangerous than a sinusoidal