patients shows that they have almost invariably led regular, sober, and industrious lives. Persons of drunken and dissolute habits are comparatively seldom affected. Of 160 uterine cancer patients under my observation not a single one, so far as I could ascertain, had ever been addicted to prostitution; and, what is still more remarkable, only one presented undoubted signs of having had syphilis. The marked fecundity of uterine cancer patients, the rarity of sterility and abortion among them, all point in the same direction, for such conditions are of frequent occurrence in prostitutes and in the syphilitic. Such considerations as the foregoing seem to me to negative the doctrine of cancer being *morbis miseria*. They point to the greater prevalence of the disease among the well-to-do and easy-going, who habitually eat more than is good for them.

I am, Sirs, yours faithfully,
June 24th, 1897. W. ROGER WILLIAMS, F.R.C.S. Eng.

"UNQUALIFIED PRACTICE IN CORNWALL."

To the Editors of THE LANCET.

SIRS,—Referring to your leading article in THE LANCET of June 26th, will you kindly allow me to indicate two points which the President of the General Medical Council and his colleagues may press upon the President of the Local Government Board? The first is that the Select Committee of the House of Commons appointed to inquire into the subject of death certification reported some years ago, their first recommendation being that no death should be registered without a certificate from a duly registered medical practitioner or from a coroner after inquest. It is well known that the registrar has power to accept the best information he can get when no medical certificate is forthcoming and there are no grounds for referring the case to the coroner. It would surely only be reasonable to urge that the Registrar-General should give effect to the recommendation of the committee, and instruct his officer to refer every death not certified by a duly registered medical practitioner to the coroner. This would effectually close what is at present a most dangerous loophole for irregular practice. The second point is that which you have indicated near the end of the article: "It is high time that the whole system of unqualified practice in all its forms was more systematically studied by the General Medical Council." Liverpool has, like most seaports, swarmed with advertising quacks for the last forty-five years to my knowledge. These men practise and advertise with an effrontery which is evidently their strong point, and which would appear to recommend them to the public. One of these men was convicted some years ago of obtaining money by fraud, and was sentenced by Mr. Justice Day (who lamented that it was the highest sentence he could give him) to five years' penal servitude. His qualification consisted of a conviction for theft and of his having been for years a bill-sticker for another local quack, who fled to escape justice some years ago. Shortly after his conviction the name of a duly registered surgeon who had been associated with him in his infamous work was erased from the Medical Register; but so far from the establishment being broken up, as might have been expected, it flourishes more than ever, being kept up by the convict's wife, assisted by the ex-registered surgeon, whose name appears boldly on a brass plate as Mr. —, surgeon, and by a Dr. —, whose name also appears on a brass plate with the words physician and surgeon. The first name also appears as surgeon in two places in the local directory. It was stated at the trial that the convicts' receipts for years past had amounted to several thousands annually, and at a recent inquest on the body of a woman who had been under the care of Dr. — and Mr. — the weekly cash receipts were given and were very large. Is there no remedy for such a state of things?

I am, Sirs, yours faithfully,
Liverpool, June 28th, 1897. FRED. W. LOWNDES.

CYCLING FOR WOMEN: ITS EFFECTS ON PARTURITION.

To the Editors of THE LANCET.

SIRS,—Two cases that I have recently attended show that frequent bicycle exercise and continued pressure of a hard

saddle may act as a cause of delay in the second stage of labour. Both were primiparæ, of good physique, and accustomed to daily riding, in some cases long distances. The presentation was natural in each case and the labour easy until the head rested on the perineum, which was unusually tough and unyielding. The bowels and bladder had previously been emptied, and the child's head was of moderate size. After applying the usual remedies and waiting a considerable time delivery was quickly effected with short forceps without tearing the perineum in the slightest. It seems quite probable that long rides and the use of hard saddles caused the difficulty in these two cases, and it is as well perhaps that attention should be directed to the possible inconvenience and trouble which may result from an immoderate use of the wheel, and that care should be exercised in the choice and position of the saddle.

I am, Sirs, yours faithfully,
June 28th, 1897. J. W. McVITIE, M.R.C.S. Eng.

THE COUNTRY HOLIDAY FUND: AN APPEAL TO COUNTRY PRACTITIONERS.

To the Editors of THE LANCET.

SIRS,—Many of your readers are country readers. They must know of cottages where grown-up children have left empty places or where for other reasons there are rooms ready for guests. Would they tell of such rooms to the secretary of the Country Holiday Fund, 10, Buckingham-street, Strand? There are now some thousands of town children ready for holidays. They will enjoy them in the country, but they will enjoy them much more if they can, during their country visit, share the life of a country family, experience the different habits of living, and get familiar with the talk and life of those who have to work with growing things. The payment for each child is 5s. a week, and every precaution is taken that the child shall be free from all disease.

I am, Sirs, yours faithfully,
Toynbee Hall, Commercial-street, E. SAMUEL A. BARNETT.

* * If any of our country readers can give Canon Barnett the information he desires they may benefit some of their own poorer neighbours as well as the little people in whose particular behalf he writes.—ED. L.

"OBSERVATIONS UPON RE-VACCINATION."

To the Editors of THE LANCET.

SIRS,—In the "Observations upon Re-vaccination" which he communicated to THE LANCET of June 12th Dr. Robert Carter advocates that in small-pox epidemics every child in whose case four years have elapsed since primary vaccination should be re-vaccinated. I should not be disposed to question this conclusion of Dr. Carter's if he had urged in its favour that much vaccination performed in this country is of poor quality, and that in consequence it is expedient in times of small-pox prevalence to re-vaccinate all children after four years in order to secure immunity to those who have not received at the time of primary vaccination the highest degree of protection which vaccinia affords against attack by small-pox. Again, had Dr. Carter maintained his thesis on the ground that, as an occurrence wholly exceptional, children have been known to contract small-pox—though necessarily of the mildest type—within four years of efficient vaccination, the argument would have been sound, if not altogether convincing. But the reason which Dr. Carter gives is of a different nature. It is that he has found children susceptible to vaccinia, in greater or less degree, as early as four years after their primary vaccination. It would have been interesting to know whether any difference was observed in the reaction of these children to re-vaccination according as they presented good, bad, or indifferent marks of primary vaccination. But, setting this question aside, has it ever been seriously claimed that the duration of the insusceptibility to vaccinia which a vaccinated person acquires is the same as the duration of that individual's insusceptibility to attack by small-pox? The distinction between the two cases was pointed out by Jenner, and has been illustrated again and again in small-pox epidemics. It would be curious if evidence of the greater duration of the protection against small-pox attack could

not have been found, for instance, in the outbreak to which Dr. Carter refers. I am, Sirs, yours faithfully,
London, June 15th, 1897. G. S. BUCHANAN.

A CASE OF SUDDEN DEATH.

To the Editors of THE LANCET.

SIRS,—In Dr. Dixon Mann's interesting article on Unexpected Deaths from Natural Causes he includes gall-stone colic among those diseases which when fatal do not usually end suddenly, but may exceptionally do so. The following case, which came under my notice in October, 1895, is, I think, of some interest in this connexion. I was called from bed at night to attend a patient whom I had not previously seen, a woman, some fifty-five years of age, living alone in lodgings. She was dead before my arrival, and the people of the house feared that she had died from the effects of poison, self-administered. Their story was briefly as follows. She had complained all day of feeling unwell and had remained in bed secretly solacing herself with brandy. Shortly after twelve o'clock, when the household had retired, she rang her bell furiously, and was found rolling upon the bed in great agony. She complained of severe pain in the abdomen and chest and said: "Give me something to make me sick; if you don't give me something to make me sick I shall die." She repeated these words more than once, was violently sick, and died. A bottle half filled with brandy lay on the bed and several empty bottles were concealed in the room. I took away with me some of the vomited matter and tested for the more common irritant poisons. It contained alcohol in abundance, but I could detect nothing else. By the coroner's order I made a post-mortem examination. The gall-bladder was greatly distended by calculi of all sizes to the number of a hundred or more. One of the smaller stones was impacted in the common bile-duct. There was extensive fatty change in the heart muscle. At the inquest a verdict was returned of death from syncope during an attack of biliary colic.

I am, Sirs, yours faithfully,
Leicester, June 29th. T. V. CROSBY, M.B. Lond.

"DEATHS AFTER OVARIOTOMY": A CORRECTION.

To the Editors of THE LANCET.

SIRS,—My attention has just been drawn to a mistake in my wording of a footnote (No. 5) on page 1538 of THE LANCET of June 5th. The note in question should read as follows: "The hot water used for this purpose has in every instance been obtained from the usual domestic boiler-supply, its temperature being regulated when necessary by the addition of cold water previously sterilised by boiling."

I am, Sirs, yours faithfully,
June 28th, 1897. W. A. MEREDITH.

"SURGERY: ITS REMARKABLE PROGRESS DURING THE REIGN."

To the Editors of THE LANCET.

SIRS,—I beg to call attention to a slight error in your valuable journal of June 19th under the above heading. You state in your article that "the introduction by *Leiter* of the cystoscope has greatly facilitated the diagnosis and treatment of diseases of the bladder." The *introducer* was my late master, *Nitze*, of Berlin. *Leiter* was only the manufacturer of this instrument. Hoping you will find space for this correction, I am, Sirs, yours faithfully,

Budapest, June 25th, 1897. DR. SAMUEL BAUMGARTEN.

THE LUNACY ACT, 1890, AND ITS AMENDMENTS.

To the Editors of THE LANCET.

SIRS,—The principal objects of the Lunacy Act, 1890, were stated in the "Memorandum" to be to furnish safeguards against the improper confinement of persons as lunatics; to remove the difficulty then felt in securing the speedy treatment of mental disease; to amend the law as to single patients; and to put a check upon the establishment of new

licensed houses. A second Amending Bill to the above Act being now before the House of Lords the time seems favourable for considering how far the objects aimed at in the original Act have been attained during the seven years it has been in operation. On the one hand, complaints are daily heard from asylum officials of the great difficulty they experience in carrying out the numerous, and, as some think unnecessary, provisions of the Act, and of the vastly increased amount of clerical and other labour which it entails; whilst, on the other hand, it is said that the Act is evaded, that secret, illegal, and irresponsible "treatment" of the insane, and those threatened with insanity, flourishes and increases. A very influential deputation have just waited upon the Lunacy Commissioners and appear to have spoken strongly and frankly upon the latter facts.

Dr. Blandford, a member of the deputation, is reported to have said: "The intervention of the magistrate presented the greatest difficulty; the friends of the patient make every possible objection to going before the magistrate; and medical men are getting more and more afraid of signing certificates." Dr. Savage said: "At the present moment every person, whether he is a decayed gentleman or a decayed person, thinks he is justified in taking a person of unsound mind into his house, and applications are made by hundreds and hundreds of them. He believed that if it were known that there was a possibility of the cases being occasionally visited most of those people would not apply to have persons of this kind in their houses." He believed that "the present circumstances tended to secrecy." Mr. Bagot, chairman of the Commissioners, said: "There was another side to this question; he would ask, which is best—for the patient to be treated in a scientific way in an asylum, or casually in a private house?" He drew attention to the legal aspect of the case—Is certification protection against false imprisonment? and thought that all would be agreed that "any feasible plan for putting an end to what must be called the illegal treatment of lunacy was desirable." Dr. Needham, a Commissioner, thought that the strong point of the whole matter existed in the fact that there was a large amount of illicit treatment of insane people going on.

The question seems to arise, under the circumstances here narrated, whether the evils complained of would not be best met, not by further repressive legislation, but by rendering the whole machinery for reception and treatment into legally and properly constituted asylums, as into other hospitals, as little difficult as possible, a vigilant supervision, of course, being maintained upon all fresh admissions by the medical staff attached to each of them, working loyally and hand in hand with the Commissioners in Lunacy as the supreme authority.

Practically, this state of things already exists, for, under whatever Act a patient is received, once removed from the care of family and friends the medical staffs, supervised by the Lunacy Commissioners, must of necessity assume the full responsibility for any necessary detention. It is hopeless to expect that under any Act, however carefully framed, outreries of illegal detention will not arise from time to time, but such outreries should be at once silenced by the combined testimony of the Commissioners in Lunacy and the medical staffs of the present admirable institutions, both public and private, situated in every county in England.

I am, Sirs, your obedient servant,
FORMERLY A COUNTY ASYLUM SUPERINTENDENT.

THE RECENT PRIMARY FELLOWSHIP EXAMINATION AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—Over 70 per cent. of "plucks"! Over eighty of the most hardworking and intelligent of senior medical students and young practitioners told that they do not know anatomy and physiology in a manner to qualify them for responsible and accurate surgery. This is the outcome of the last primary Fellowship examination at the English College. Something is wrong somewhere. To a plain-thinking surgeon of the old school there appear to be three cardinal faults in the examination. *Fault No. 1*—The College has departed from the original scheme of the Fellowship designed by the great leaders in surgical practice and surgical thought of fifty years ago—Brodie, Green, Lawrence,