profession, we shall find and keep intact the larger interests of the greater public.

Nov. 9th, 1891.

I am, Sirs, yours truly,
FREDERICK H. ALDERSON, M.D.

To the Editors of THE LANCET.

SIRS,—Whether we be a small section of the profession or not, I protest against the statement by Mr. Wheelhouse, Sir W. Foster, and Dr. Glover that we “resist such a minimum amount of training in midwives as would enable them to know when to send for a doctor.” It is not so. We resist the granting of diplomas to midwives recognising them as competent to attend all ordinary labours *without a doctor*, and to judge when the case becomes too dangerous for their skill to conduct. We know that their training is never likely to make them fit for such responsibilities, nor their self-confidence likely to be small enough to avoid disaster. We would wish them to receive the highest possible training *as nurses*. Already our certificated midwives advertise in the evening papers the address at which they may be “privately consulted.” When they get State diplomas (which God forbid!) they will know too much to send for a doctor. We are continually called to confinements conducted by midwives because the child is born dead, or the mother injured or in fever, and in by far the greater number of cases our fee is then paid without difficulty. It is not poverty that prevents the engagement of a doctor. Midwives claim to be fully competent to manage labour, and delude the ignorant. Will the possession of diplomas diminish their presumption?

I am, Sirs, yours faithfully,

Highgate, Nov. 9th, 1891.

HUGH WOODS.

To the Editors of THE LANCET.

SIRS,—Those who are in favour of the better education and legal registration of midwives must be much satisfied with the answer given upon this subject to Drs. Rentoul and Woods by the direct representatives of the General Medical Council. They recognise the “awful evils” of the existing system of midwives’ practice, and “hold it to be the highest indiscretion to represent the interests of the profession as inconsistent with any *reasonable* legislation for the abatement of these evils.” This is a most satisfactory statement, and will doubtless have the effect of securing to the present representatives the votes of the larger proportion of the members of those medical bodies which have considered the subject and decided in favour of legal registration.

I am, Sirs, faithfully yours,

JAMES H. AVELING.

Upper Wimpole-street, W., Nov. 9th, 1891.

THE MEDICAL DEFENCE UNION AND THE COMING ELECTION.

To the Editors of THE LANCET.

SIRS,—Mr. A. G. Bateman, in your issue of the 7th inst., writing as hon. secretary of the Medical Defence Union, expresses his views regarding the candidature of Dr. Alderson and myself in terms forcible rather than polite. Had he addressed your readers as a private individual, I should not have noticed his attack, for nothing can be gained by carrying on a discussion with one who commences hostilities by calling those who have incurred his displeasure opprobrious names. But I must ask your permission to allow me to inform your readers that Mr. Bateman has no authority to speak for the Medical Defence Union. In a letter received by me a few days ago from our president, Mr. Lawson Tait, he wrote that it is his desire that no steps should be taken which would make it appear even *in the faintest way* that the Medical Defence Union is going to interest itself in such matters as the election of direct representatives. As long as your readers understand that Mr. Bateman has no authority to speak for others, he is at liberty to express his views *re* my candidature in whatever terms please him without remonstrance from

Yours faithfully,

GEORGE BROWN,

Member of the Council, Medical Defence Union
Threadneedle-street, E.C., Nov. 10th, 1891.

A REPRESENTATIVE FROM WALES ON THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—I think we may safely conclude that the result of the present agitation in regard to the General Medical Council will be an increase in the number of direct representatives of the profession, and it has occurred to me that the time is now opportune for us, the members of the medical profession in Wales, to consider whether it will not be desirable to combine to secure for ourselves and from ourselves a representative on the Council. To me it seems eminently desirable that we should have watching over our interests someone in close touch and in direct sympathy with ourselves—someone intimately acquainted with the country and its wants, and with the general condition of medical practice in our midst. I feel quite sure the services of such a representative, when any matters concerning Wales cropped up for discussion, would be of advantage to the Council and would be greatly appreciated by its members. Apart from this, there is the important question of medical education in our Welsh colleges. We are on the eve of a practical realisation of a scheme for the education of medical students in one of our Welsh colleges, and as this scheme must, in the first instance, be submitted for the consideration of the General Medical Council, it would be an inestimable advantage if we had a Welsh representative to pilot it through this preliminary course. Wales in the past has been somewhat dormant in the matter of education, but with its fresh machinery—none, perhaps, more perfect in the world—we hope for progress, and we trust to find medical education in the van. In order to achieve this end, an essential condition in my opinion is the presence on the General Medical Council of an enthusiastic and devoted representative from the ranks of the profession in Wales. I shall be glad if those gentlemen who consider my suggestion worthy of support will kindly intimate the same to me at their earliest convenience.

I am, Sirs, yours truly,

Cardiff, Nov. 10th, 1891.

P. RHYS GRIFFITHS.

“ACUTE RHEUMATISM AND THE TEMPORO-MAXILLARY JOINT.”

To the Editors of THE LANCET.

SIRS,—In the issue of Oct. 24th of your valuable journal I have read what is doubtless of great interest to many of your readers, as well as being of special interest to myself from the great number of rheumatic cases I have seen in Bath, particularly in the Royal Mineral Water Hospital. This is an account of a case of acute rheumatism confined to the temporo-maxillary joint, reported by Dr. Gallipe in *Le Progrès Dentaire*. Such a case is so very unusual as to suggest doubts as to the correctness of the diagnosis. Much as I welcome any discussion which would tend to throw light upon the subject, I fear this is a wrong departure; still, it must be welcomed as leading to the ventilation of a matter which is only now emerging from chaos into cosmos, a subject which ought to be better understood, and which will before long, I trust, be understood as it ought, owing to the great interest it must possess to a large and increasing number of mankind who are sufferers from it. No, the only connexion which is in my mind allowable is between affection of this joint and rheumatoid arthritis—a disease long allied with rheumatism, and even yet connected to it by links stronger than ought to exist. Rheumatoid arthritis is an arthritis owing its origin to debility, that debilitating cause being unknown, but occurring always in cases with strong strumous or phthisical tendency, and very often with hereditary history of gout, but never with rheumatism, beyond an accidental connexion which may occur during the lifetime of the individual, and in which case the ravages of both diseases can be distinctly and separately traced. But there is an arthritis, first described in a work published by myself in conjunction with Dr. C. T. Griffiths, which follows rheumatism and is distinctly a rheumatic disease, possessing positive and incontestable features of its own, features strong and distinct enough to justify us, without assuming undue dogmatism, in placing them under two separate headings.

Rheumatic arthritis is an arthritis which follows an attack

of acute or subacute rheumatism, whether gradually merging into the arthritis or happening some considerable time before the joint trouble has been manifest. This also is a disease occasioned by debility, but the debilitating cause is unquestionably rheumatism. The more these diseases are studied the more widely they differ in every way, and in the table of differences quoted at the end of the "Rheumatic Diseases so-called," under heading No. 4 of rheumatoid arthritis, will be seen: "Joints most used are the first affected; smaller joints first, running centripetally; temporo-maxillary joints often affected; symmetry of joints affected, more noticeable." While under heading No. 4 of rheumatic arthritis we read: "Large joints often first affected, running centrifugally, and chiefly joints affected that were attacked in previous acute rheumatism: temporo-maxillary joints never affected; not so often symmetrical." With regard to this joint, I would remark, that I am now quite in the habit of looking upon the disease as diagnosed with a comparative degree of safety by terming it "rheumatoid arthritis," should the temporo-maxillary joint be at all affected. It is found when the disease is proved to be absent that the temporo-maxillary articulation is never implicated; and I have often noticed that this joint has been much affected when others have been comparatively free. Taking frequency of movement of joints, or over-use of joints, the temporo-maxillary articulation is a good example; everyone must eat and speak, therefore this joint can never enjoy a lengthened period of rest. This is a strong point in our case, that the special joints affected in rheumatoid arthritis are determined by the particular nature of the occupation, the joints subject to most wear and tear being the first to go. Thus the upper extremities in women are most likely to be the seat of the disease, while the lower in men are more exposed to wet and cold. I would also find fault with the nomenclature in terming the inflammation of the alveolo dental membrane "rheumatic periodontitis." The tendency in diagnosis is to tabulate—a useful one, no doubt, for teaching purposes, but, on the other hand, an easy error to slip into, for the complications of rheumatism, such as rheumatic iritis and rheumatic periostitis, do not seem to be so prevalent as the text-books would have us believe, for out of upwards of 4000 cases of rheumatism in all its forms only about five cases of rheumatic iritis came under my notice, while rheumatic periostitis has been even more rarely seen than that. Young adults have certainly complained of aching of the bones at night, but this has not been attended by any of the usual symptoms of periostitis sufficiently to warrant a diagnosis of periostitis being given. In three of the five cases of rheumatic iritis there was a more or less genuine history of specific mischief, so that must be allowed for. The only connexion that must be borne in mind is between the temporo-maxillary joint and rheumatoid arthritis. Here there is a connexion of great diagnostic value, for when the question of treatment steps in, success entirely depends upon clear discrimination between these diseases.

I am, Sirs, yours truly,

HUGH LANE,

Surgeon to the Royal Mineral Water Hospital, Bath;
Hon. Medical Officer to the Royal United Hospital, Bath.
The Circus, Bath, Oct. 31st, 1891.

"OF WHAT DID SHAKESPEARE DIE?"

To the Editors of THE LANCET.

SIRS,—In the article under the above heading in your issue of the 7th inst. you quote freely from and appear to accept the conclusion arrived at by the editor of the *New York Medical Record*, that Shakespeare died of pneumonia. This conclusion your contemporary arrives at by shutting his eyes to some very important evidence, and his sole grounds for the decision rest on Ward's Diary. "The Diary of the Rev. John Ward, Vicar of Stratford-upon-Avon," was, about the year 1840, discovered in the library of the Medical Society of London. It covers the period of time from 1648 to 1679, the period in which Shakespeare enjoyed his leisure and died. Now, what does the Rev. John Ward say of the poet. "I have heard," he writes, "that Mr. Shakespeare was a natural wit, without any art at all; he frequented the plays all his younger time, but in his elder days lived at Stratford, and supplied the stage with two plays every year: and for it had an allowance so large that he spent at the rate of £1000 a year,

as I have heard," showing that Ward had his information secondhand. The same absence of personal acquaintance appears again in the second notice. "Shakespeare, Drayton, and Ben. Jonson had a merry meeting; and, it seems, drank too hard, for Shakespeare died of a fever there contracted." Starting with the above quotation, and remembering that Shakespeare died in April at a comparatively early age, we are asked to believe that the cause of death was pneumonia, and no account whatever is taken of a much more important witness—Dr. Hall. In 1607 Susanna, the eldest daughter of Shakespeare, was married to Dr. Hall of Stratford, by whom, in 1608, she had a daughter, Elizabeth; and in the same year Shakespeare's mother died. The marriage, the birth of his grandchild, and the death of his mother all within a year must have thrown Dr. Hall and Shakespeare very much together, and it is reasonable to suppose that if Dr. Hall was not conversant with the medical history of Shakespeare his father-in-law would instruct him. Now in 1657 a Mr. James Cooke, who had become possessed of Dr. Hall's patients' book, published the book and its formulæ, from which, according to Mr. James F. Nisbet in his work, "The Insanity of Genius," he concludes that Shakespeare died of paralysis.

I bring the question before your readers because I think the data given in the *New York Medical Record* are, to say the least, insufficient to justify the conclusion. If space permitted I would also bring testimony to show that the term "peri-pneumonia" was almost unknown in Elizabethan medical literature, pulmonary affections being almost without exception described as pleurisies up to the time of Sydenham.

I am, Sirs, yours truly,

Cavendish-row, Dublin, Nov. 1891.

GEORGE FOY.

"THE OPERATION OF COMBINED PYLORECTOMY AND GASTRO-ENTEROSTOMY."

To the Editors of THE LANCET.

SIRS,—I regret to find by Mr. Greig Smith's letter on the above subject that he appears to feel aggrieved that I have not acknowledged his case of combined pylorectomy and gastro-enterostomy in your columns, and that he should imply that I had acted in a discourteous manner to him by not having done so. This, I need scarcely say, was very far from my intention, as I shall show. It is quite correct that Mr. Greig Smith did write to me on Oct. 24th, and mentioned that he had performed the operation referred to unsuccessfully about a year ago, that he had shown the specimen at a local society, and that the case is mentioned and described shortly in the forthcoming fourth edition of his work on Abdominal Surgery. He did not, however, mention that the case had been in print for five months. He further said: "You may think it right to correct your sentence in THE LANCET." To this letter I immediately replied that the case was about to be published elsewhere, when I would mention his case and give him the credit of priority he desired, and I would gladly write to THE LANCET as he suggested, if he wished me to do so. As I received no answer to this letter, I concluded he did not wish me to write, but was satisfied with my mentioning his case, as I suggested. The case is now recorded in my forthcoming article much as he described it in his letter to me, and will appear, I believe, this week in a contemporary. It will, I think, then, be clear that the onus of my not having corrected my sentence by writing to THE LANCET rests with Mr. Greig Smith, and not with me. It will be seen by Mr. Nicholson's letter on the same subject that neither Mr. Greig Smith nor myself has any claim to being the first to perform the operation in this country, and I am sorry Dr. Lowson did not publish his case, so that I might have accorded to him the honour which I believe belongs to him. I am also glad to have learnt of it sufficiently early to be able to give him the credit which is due to him in my paper on the subject above referred to.—I am, Sirs, yours faithfully,

Upper Wimpole-street, Nov. 7th, 1891.

FRED. B. JESSETT.

To the Editors of THE LANCET.

SIRS,—In reference to Mr. Jessett's interesting paper on the above subject, it may perhaps be worth while to mention that the six cases which he refers to are not the only ones in which pylorectomy has been done in England. It may