to the removal of the boy, made a careful examination of the patient. "He took the boy's temperature," she says, "and examined him all over"; and again she says in her evidence, "he took a towel and rubbed behind the ears," a place where Dr. Dudfield asserted desquamation had not ceased. After that careful examination sworn to by the matron, Mr. Barford came to the conclusion that the boy had ceased desquimating and had recovered from scarlet fever. Mr. Holman, the practitioner in attendance, supported Mr. Barford's view, as also did Mr. Holman's partner, and thus of the four medical men who examined the boy three were of opinion that the boy had recovered from scarlet fever. Yet Dr. Dudfield, knowing that three medical men differed from him in opinion, thinks fit to bring criminal proceedings, with the sanction of the sanitary committee, against Mr. Barford. Whether or not such a prosecution is right or just I leave your readers to decide.

Mr. Fovargue also complains of additions in your leading article to what actually transpired in court, and boldly asserts that there was no conflict of medical evidence, whereas both Mr. Holman and his senior partner were of opinion that the boy had ceased desquimating and had recovered from scarlet fever. The following is Mr. Holman's letter of March 4th, a letter written a week previously to the boy's removal and attached to the depositions:

Hempstead House, Eastbourne, March 4th, 1893.
DEAR MADAM,—Your nephew, Leonard Morres, has just finished desquimating, and, as far as that goes, could travel home; but I do not think he ought to do so for another week or two on account of his heart trouble, for which I am still keeping him in bed. I think he could be moved quite safely to rooms in the town, but a journey to Wokingham would be attended with a great deal of risk in his present condition.
Yours truly,

HENRY J. HOLMAN.

Mr. Holman states in his evidence that he "examined the boy again for desquamation on March 7th" and "thought he had finished desquimating." He thought "he would have been passed by the medical officer any time during the week previous to his removal." Mr. Holman's partner and Mr. Barford were of the same opinion as Mr. Holman. Yet Mr. Fovargue boldly asserts that it is an addition to what actually transpired in court to say there was a conflict of medical evidence. Mr. Fovargue is entirely mistaken when he says that Mr. Barford had three weeks in which to appeal, the time being seven days. I strongly urged my client to appeal but pointed out the necessity and expense of expert witnesses. I hope and trust the case will be tried again in a different form before a higher tribunal, and I do not fear but that the question will be decided in favour of the general practitioners.

I am, Sirs, yours truly,

HUGH M. STURGES, Barrister-at-law.

4, Paper-buildings, Temple, E.C., May 30th, 1893.

To the Editors of THE LANCET.

SIRS,—Mr. Fovargue, as a leader of a forlorn hope, has shown considerable dexterity in nursing and marshalling his "other facts," which, however, are too weak to give much support to the views advocated by himself and his party. Nor is it surprising that one who can seriously advocate views which are inconsistent with the teachings of medical experience and practice should be unable to appreciate the sound reasoning of your very admirable leading article on the subject, a careful perusal of which is quite enough to settle the question to the satisfaction of any reasonable being. It may be perhaps of small importance to speculate as to how Dr. Dudfield could have allowed himself to write the note handed to Mr. Barford by the matron; but it is of considerable importance to bear in mind that if Mr. Barford had acted upon this note he would have placed Dr. Dudfield in the position of medical adviser of the family, whereas he himself occupied that position. Then because Mr. Barford (fully understanding his own position and that of Dr. Dudfield) did not act upon this note, but acted upon his own opinion and experience as a legally qualified practitioner and did his own work as the medical adviser of the family and saved Dr. Dudfield from the effects of his own indiscretion, he was actually prosecuted by the man who owed him gratitude "for removing his patient and for exposing him while suffering from scarlet fever." In the absence of grave legal and medical irregularities it is difficult to discover in these circumstances any valid ground upon which to base a genuine prosecution. If Mr. Barford had allowed Dr. Dudfield to act as the medical adviser of the family, which he was not, and had allowed himself to act as if he were not the medical adviser of the family, which he was, the patient would have remained

in the sanatorium and there would have been no thoughts of a prosecution. I am, Sirs, yours truly,

A POOR-LAW MEDICAL OFFICER.

London, W., May 30th, 1893.

CASE OF INCOMPLETE ABORTION.

To the Editors of THE LANCET.

SIRS,—I read with much interest the account of a case of the above nature in THE LANCET of May 27th. I had a very similar case myself about a fortnight ago. On March 9th I was called to see a woman forty years old, a multipara, who was suffering from rather severe hæmorrhage from the uterus. She could not say whether she was pregnant or not, but she had missed her last period. On examination the os seemed to be perfectly closed. Rest in bed and an opiate were prescribed and in a few days she was well enough for me to leave her. I heard nothing more of the case till May 9th, when I was told that she was still very poorly and that she had been losing blood more or less since my last visit. On May 10th I made another vaginal examination. The os would only admit the tip of my forefinger. The uterus was distinctly felt to be enlarged and readily movable. On passing the sound the length of the uterus was discovered to be three inches and a half. Nothing further was done till the next morning, when I was summoned at half-past seven, as she had had severe hæmorrhage during the night and was very weak. On examining the os I found it to be still in the same condition, with blood oozing freely from it. Anxious to check further bleeding, I injected 1½th grain of citrate of ergotinine into the right buttock and plugged the vagina with pledgets of cotton-wool dipped in glycerine. On returning to see her at twelve o'clock I removed the vaginal plug, found the os sufficiently dilated to admit my forefinger, and I discovered a soft spongy mass lying loose in the cavity of the uterus, which I at once diagnosed as retained placenta. It was very easily broken down and removed piece by piece, the uterus being afterwards well syringed out with Condy's fluid. The patient, though still anæmic, is making satisfactory progress.

I am, Sirs, yours truly,

J. LESLIE WATT, M.B. Aberd.

Millbrook, Plymouth, May 29th, 1893.

"SUPRA-PUBIC CYSTOTOMY."

To the Editors of THE LANCET.

SIRS,—Having noticed Mr. Lawson Tait's description of his operation for supra-pubic cystotomy, I may mention that I performed a somewhat similar one in 1889. The patient was a boy four or five years old, with a small stone in the bladder. I decided on performing the supra-pubic operation because by injecting the viscus its anterior wall can at that age be readily thrown forwards and distended over the pubes and the reflexion of the peritoneum pushed upwards, leaving a considerable portion uncovered. About two ounces and a half of warm boracic lotion were injected into the bladder through a silver catheter, which was kept in, touching the stone, the urine having been drawn off. It was not necessary to put a ring of elastic round the penis, the lotion being well retained. The rectum was not distended. An incision about three-quarters of an inch in length was made in the middle line just above the pubes, and by cutting carefully downwards the bladder was reached. This was drawn up with a tenaculum and seized with a pair of bow dressing forceps well below the reflexion of the peritoneum. An incision about three-quarters of an inch long was made from above downwards and an escape of the lotion showed that the viscus had been opened. It being necessary to slightly extend the incision, a cut was carefully made upwards, cutting on to the forceps. The stone was not felt by the insertion of the finger into the bladder for fear of tearing the peritoneum. The catheter being withdrawn the posterior wall of the bladder was tilted forward by the finger per rectum; the stone was seen near the wound and easily removed in its long axis with a pair of dressing forceps. There was practically no hæmorrhage during the operation. I did not suture the bladder; two stitches were applied at the upper extremity and middle of the abdominal incision and a rubber drainage-tube was inserted at the lower part, though not into the bladder. The urine was carefully drawn off with a soft catheter every few hours and the parts