immediate removal to hospital," which is too often a euphemism for carrying a considerable distance a person who is already half dead. In such a patient bleeding is almost the only condition which calls for immediate operation and the minimum of operating sufficient to arrest the hæmorrhage is all that is justifiable. An innocent tumour, producing neither disability nor deformity, is, as a rule, best left alone. The presence of such a tumour does not of itself justify operation. Undue mobility of the kidney is a common condition. The possessor of such an organ is described as "suffering" from a loose kidney. In the majority of cases the patient does not "suffer" in the least and is often totally unaware that he (or more often she) has a loose kidney.

Of the minority of cases of undue mobility of the kidney, in which such mobility may reasonably be regarded as the cause of the symptoms, these symptoms can be relieved by some form of belt or pad and it is only in those cases in which the loose kidney produces symptoms which are not relieved by a belt or pad that the question of fixing the kidney by operation should be considered. Adenoid tissue in the naso-pharynx, tonsil, or elsewhere, even if present in excess of what any given operator may consider normal, if producing neither symptoms nor deformity, should be left alone. The operator is apt to adopt a hard-and-fast standard of what constitutes a normal body and to regard the slightest deviation from this as a call to operate. He totally overlooks the fact that wide deviations from a rigid standard of normality are perfectly compatible with permanent good health. "I did not wish to operate but the patient or his friends insisted on having something done" is an excuse sometimes put forward. It is the surgeon, not the patient or his friends, who is in a position to form a correct opinion for or against the advisability of an operation. An inadvisable operation cannot be made advisable by the ignorant clamourings of the patient or his friends, and in these cases it is the duty of the surgeon literally to "save the patient from his friends" by declining to operate.

Surgical literature contains few records of the cases in which the surgeon has declined to operate, but in estimating true surgical ability, of which manual dexterity, important though it be, is but a part, stress should be laid not only on the operative cures but also on those cases in which in the interests of the patient the surgeon has refrained from operating.

I am, Sirs, yours faithfully,

Plymouth, Nov. 9th, 1907.

C. HAMILTON WHITEFORD.

DRAINAGE OF THE UTERUS IN PUERPERAL SAPRÆMIA.

To the Editors of THE LANCET.

SIRS,—The treatment of such cases as the one reported in THE LANCET of Nov. 16th and commented upon in your editorial article is worthy of special consideration. Dr. A. A. Warden's case was evidently one of puerperal sapræmia or local infection, the symptoms being due to the absorption of toxic chemical products of bacterial action on the disintegrating uterine contents. If the manipulations required to remove the decomposing contents lead to a fresh abrasion further rapid absorption takes place, and in from 20 to 60 minutes a more or less serious rigor occurs, followed by a fall of the temperature to normal.

Such a serious complication as a rigor may usually be avoided if, when the patient is anæsthetised and before any uterine examination is made, a Budin's tube is very gently passed into the uterus, with iodised water (tr. iodi dr. ii. ad Oi) kept running during its insertion. After completely emptying the uterus another iodised douche should be given. A ball of gauze should then be carried up into the uterus and the lining membrane be well scrubbed, and it will be found that a large quantity of decidual débris will come away if another douche is given. This should be followed by the application of liq. iodi (or better still of a 1 in 4 solution of iodine) to complete the operation, though it is a good plan to pack the uterus lightly with a gauze drain for 24 hours. The iodine freely permeates the mucosa and prevents any further decomposition. In my opinion the uterus should never be curetted with a sharp curette during the ten days following labour in any infective case, for fear of interfering with the protective leucocyte sheet round the infected zone. Should the temperature rise again it has been my custom to take a piece of rubber drainage tube of suitable length and size, double it on itself at its centre, cut off the outside angle at the point of flexion so that

the tube becomes practically two tubes united at one end by a rubber flange, pass the united end into the uterus more than half way up, leaving the free ends of the tube projecting from the vulva to be there secured. This double tube serves as a channel for drainage and for subsequent douching. In cases of persistent temperature following such treatment, pointing to deeper local or to some general infection, I have found liq. ferri perchlor. in doses of 20 or 30 minims every three or four hours the most reliable treatment. In true septicæmia, of course, other measures are also needed. I believe that if prompt treatment on these lines were adopted when the first symptoms arise during the puerperium many lives would be saved.

I am, Sirs, yours faithfully,

Manchester-square, W., Nov. 18th, 1907.

AMAND ROUTH.

ARMY NURSING CORPS.

To the Editors of THE LANCET.

SIRS,—I should like to solicit your interest in the army nursing service and more particularly in the question of the rejection of candidates offering their services. The matter comes up in this manner: Two nurses from the Cumberland Infirmary, trained, qualified, and medically fit, were last summer rejected by the War Office without being even looked at. I am told, but do not care to believe it, that only ladies by birth and education, or daughters of army officers are eligible for appointment.

The first qualification relating to education and parentage I cannot discuss, because there would be no standard by which such a test could be applied. With regard to the second statement that the appointments are reserved for daughters of officers in the army, if this is a qualification, surely it would be right to make a statement of it on the application forms in order to prevent useless applications for service in the Army Nursing Corps. Had the two nurses from this city been seen, examined, and pronounced unfit for service, I should not have troubled you this much; but seeing that they were put to some trouble in filling up papers and getting other vouchers required it seems that they have been somewhat cruelly treated. No doubt there is some reason behind the whole matter which has not up to now been penetrated, but the injustice, if it be so, cannot be allowed to remain in its present unsatisfactory position.

I am, Sirs, yours faithfully,

Carlisle, Nov. 13th, 1907.

H. A. LEDIARD.

DISEASES OF TWINS.

To the Editors of THE LANCET.

SIRS,—Will you kindly permit me to make use of the columns of your journal in the following circumstances.

On re-reading Francis Galton's "History of Twins," published in his work "Inquiries into Human Faculty," it occurred to me that, as he has proved the greater strength of nature over nurture in this investigation, the same material slightly modified would be able conclusively to establish the relative importance of the factors of individual constitution and specific invading organisms in the production of disease. Accordingly I had as a beginning 200 circulars and addressed return-envelopes printed and subsequently despatched a little over 50 of them to test the kind of response I was likely to meet with. I had replies from over 40 per cent., and although I took the precaution of sending only to general practitioners of more than ten years' standing, the evidence obtained was decidedly disappointing.

I had imagined as twin births are said to occur once in about every 90 maternity cases that most practitioners who had been in practice for a few years would have had some experience on this subject, even allowing for the fact that twin children frequently die. To my surprise no less than 45 per cent. of my replies stated that no experience had so far been obtained, 8 to 10 per cent. apparently do not practise midwifery, or discourage it, and have not attended twins at any later age period, and only 45 per cent. have had any experience however meagre. Of these most appear to have had a few maternity cases though the answers are not always clear on this point; in addition, 25 per cent. have once attended twin children and 30 per cent. once adults. I am not quite certain whether one of these latter did not attend adult twins twice.

The number of replies is, of course, far too small to make