March 23rd. She brought 232 invalids from South Africa to the Royal Victoria Hospital, Netley. The *Dilwarra* arrived with 18 invalids for Netley on March 26th.

TRANSVAAL WAR CASUALTIES.

Died from Disease.—Major James Minniece, R.A.M.C., died from enteric fever at Pietermaritzburg on March 17th. Lieutenant Hall, Volunteer Medical Corps, died at Mooi river on March 20th.

The following gentlemen have joined the Army Medical School, Netley, as surgeons on probation for the Royal Army Medical Corps: A. E. Hamerton, M.R.C.S. Eng., L.R.C.P. Lond., Leeds; C. H. Straton, M.R.C.S. Eng., L.R.C.P. Lond., St. Mary's Hospital; E. P. Sewell, M.B., B.C. Cantab., Cambridge University and St. Bartholomew's Hospital; and T. H. Stevenson, M.B., C.M. Edin., Edinburgh University and Queen's College, Belfast.

Sir James Reid, Bart., K.C.B., has relieved Deputy-Inspector-General H. C. Woods, M.V.O., of the Royal yacht *Victoria and Albert* in medical attendance at Windsor Castle.

Correspondence.

"Audi alteram partem."

"THE DEFECTS OF THE MIDWIVES BILL."

To the Editors of THE LANCET.

SIRS,—On reading my address to the Islington Medical Society in THE LANCET of March 24th on the Defects of the Midwives Bill I find I have not defined with sufficient clearness the view of the General Medical Council as to the suggestion that the midwife in cases of abnormality or danger shall be required to send for a medical practitioner. The Council does strongly insist on this point. But it does not go on—as I do and as the resolutions of the Islington Medical Society do—to urge that the County Council as the local licensing and supervising authority should be required to appoint medical men to whom the midwife can apply in such cases. The Midwives Committee of the General Medical Council did make this suggestion in 1898, but the General Medical Council thought it involved a financial point beyond its province and simply passed the following resolution:—

That the regulations under which licensed midwives are required to practise should include provisions securing that the midwife shall immediately seek qualified medical assistance in every case which presents symptoms of difficulty, abnormality, danger, or disease on the part of the mother or the new-born infant.

I am still of opinion that unless the Bill empowers county councils to appoint and pay medical practitioners to respond to the calls of the new midwife, with powers of recovering cost where practicable, she may often find herself in painful circumstances, or the medical profession will often have to supply gratuitously the defects of her service.

I am, Sirs, yours very truly,

March 24th, 1900.

J. G. GLOVER.

THE ORGANISM (?) OF RHEUMATISM.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 17th there are three papers on Acute Rheumatism of great interest. I therefore take the opportunity of pointing out that in 1891 I described in THE LANCET an organism which I had found present in the blood in patients suffering from acute rheumatism. My observations tend to corroborate the opinion expressed by Dr. A. E. Garrod that "the infection of acute rheumatism lingered on." I have observed in cases under my care that the organism continued to be present in diminished quantity—sometimes for a week or ten days after the pain and fever had subsided—and in those cases have continued the administration of the salicylate until the blood was quite free from the microbe. I have also treated cases of acute rheumatism with drugs other than salicylates and have found that whereas the administration of salicylate of soda has caused a marked diminution of the microbe in the blood examined within a comparatively few hours, the other drugs used have had apparently no effect, and in the same patient after being treated with bicarbonate of potash, antifebrin, antipyrin, &c., without effect, a few doses of salicylate would cause the rapid disappearance from the blood of

the rheumatism microbe. As my previous observations in THE LANCET passed quite unnoticed, and as I think we have a very valuable guide in the treatment of acute rheumatism by the observation of the blood both as to prognosis and treatment, I should, under your supervision, be glad to put my results to the following test to prove the genuineness of the discovery. Will Dr. Garrod or Dr. MacLagan, whose names would put the matter beyond suspicion, send me, say, half-a-dozen cover-glass preparations of blood drawn indiscriminately from patients suffering from acute rheumatism (with fever) and also some from healthy patients? I will undertake to examine the slides and tell them which are the cover-glass preparations from the healthy cases and the ones from the rheumatic fever patients. The slides to be all numbered unknown to me in the presence of an independent witness. Being only a general practitioner fond of the microscope I have not the opportunity of bringing my work before the profession, but in this case I consider the results of such general utility that I venture to make them prominent. Of course, I am quite aware that it is one thing to find a microbic organism constantly present and another thing to cultivate the same and reproduce the disease; the latter is for obvious reasons impossible, and the former a very difficult and perhaps also an impossible matter; but it is quite sufficient for our purpose to find the organism in the blood increasing and declining *pari passu* with the disease.

I am, Sirs, yours faithfully,

EDWARD F. GRÜN.

The Hall, Southwick, Sussex, March 17th, 1900.

A NOTE AND CRITICISM ON OPERATIONS FOR THE REMOVAL OF STONE FROM THE BLADDER.

To the Editors of THE LANCET.

SIRS,—When surgeons publish their cases in the medical journals, and especially when in so doing they make definite statements as to the merits of one surgical procedure as compared with others, they should be very careful lest by recommending wrong procedures they do grave mischief in misleading others. The chief object that should prompt us to publish our cases is that of teaching others and placing our most recent experience before the world. Whilst admitting that the profession at large owes much to the general body of hospital surgeons who give the results of their experience to their less fortunately placed brethren, I fear that sufficient care is not taken to prevent the publication occasionally of wrong principles. I fear, also, that we refrain too often from the uncongenial task of refuting wrong principles and wrong teaching when we see them published.

In the *Mirror of Hospital Practice* at page 1295 of THE LANCET of Nov. 11th, 1899, is published the following: "A Case of Calculus Vesicæ in a Man, aged 53 years; Suprapubic Lithotomy; Bladder Sutured; Catheter Tied in for 12 Days; Uninterrupted Recovery." It appears that this patient was admitted to hospital on Sept. 25th. He was subjected to suprapubic lithotomy on Oct. 5th, an incision three inches long being made in the linea alba. A soft rubber catheter was tied in and left there for 12 days. The calculus weighed 38 grains. The patient was discharged quite well on Oct. 28th, having been over a month under treatment. In the paragraph introducing the record of the case the statement is made that the treatment of calculus of the bladder is at the present time in a transition stage—a statement that I feel sure those who have had some experience in vesical surgery will not admit. The writer of the paper under reference, after recounting that 40 years ago the lateral operation was acknowledged to be the best, relates how lithotripsy came with all its improvements, especially those of Bigelow, and later its extension to children by Keegan and the manufacture of larger and stronger lithotrites which made it possible for the surgeon to deal with success with any stone of whatever size or material. Then comes the portion of the paper to which I take most grave exception: "More recently still there has been a revival of the high operation of lithotomy. And now that fear of wounding the peritoneum, &c., has been almost banished it is not improbable that this operation will in many cases replace the crushing method; there are many arguments in its favour, &c." This teaching is as retrograde as it well could

be. If a particular surgeon for want of experience in the use of a lithotrite or for want of the needful instruments or other cause is driven to adopt a cutting instead of the crushing method in removing a stone from the bladder in a simple case he has committed a sufficient surgical indiscretion without adding to it by publishing the case, and perhaps leading astray some other inexperienced surgeon situated similarly to himself.

If the above case had been subjected to litholapaxy the operation in skilled hands would have occupied a few minutes only—five at the outside. The patient would have been saved the danger, pain, and inconvenience of a wound; he would have avoided the necessity and pain of having a catheter tied in his urethra for 12 days; he would have been up and about and able to walk to his home within probably three days from the operation; he would have been subjected to an operation the mortality from which in cases so simple is almost *nil* instead of one which has a considerable mortality under even the most favourable circumstances; and he would have recovered from his malady with a normal and uninjured bladder instead of having a rigid cicatricial band in it at a part where every fibre should be capable of contraction for the proper physiological function of the organ. These advantages are very real and very important; they are such that they place the operation of litholapaxy for all cases of stone in the bladder where the conditions are suitable first and all cutting operations nowhere.

I now come to another point illustrated by this paper—viz., the relative merits of lateral and suprapubic lithotomy when one of them is necessary. Lateral lithotomy has recently been referred to on more than one occasion as difficult. Surely the difficulty is mythical. Lateral lithotomy is the safer operation of the two if the mortality following it is considered. In the majority of cases when the bladder is sutured after the high operation immediate or first intention union fails to occur, and then the urine trickling over the patient's body irritates the skin and is most inconvenient. The suprapubic method fails completely to drain the bladder as the perineal method does, and this necessity of complete drainage is one of the most important of those exceptional causes which occasionally render a cutting operation preferable to crushing.

Lastly, in lateral lithotomy the incision in the bladder is made in its fixed part and the subsequent cicatrix cannot interfere with its complete contraction for the expulsion of its contents, as a high cicatrix and especially an adhesion, may do. The suprapubic operation has one advantage, and one only, over the perineal—that it enables an inspection to be made of the base of the bladder and would admit of the simultaneous removal of a tumour of the bladder or a projecting lobe of the prostate, but cases like this are rare and would in all probability reveal themselves by special symptoms, careful sounding, and rectal examination.

Mr. T. Vincent Jackson, in *THE LANCET* of Jan. 6th, 1900, p. 27, after an experience of one case of suprapubic lithotomy, a selected case in a boy, aged eight years, in his remarks criticises "the rather too dogmatic and *doctrinaire* tone adopted by those who so strongly and almost as partisans advocate the modern method of treating stone in the bladder (lithotripsy)." I notice these remarks here because I feel that it is possible that they may exercise a baneful influence by encouraging inexperienced surgeons to adopt this method of operating rather than litholapaxy. I can assure Mr. T. Vincent Jackson—and in this I feel sure that I shall be borne out by every surgeon of experience in this line—that it is impossible to be too dogmatic in advocating the advantages of litholapaxy over lithotomy. I hold that to subject a patient with a stone in his bladder, if uncomplicated, to a cutting operation, and particularly to suprapubic lithotomy, is retrograde surgery and might reasonably be condemned in stronger terms.

I am, Sirs, yours faithfully,

J. A. CUNNINGHAM, M.D. R.U.I., Major, I.M.S.,
Medical Officer in Charge, Civil Hospital, Delhi.

March 7th, 1900.

* * That lithotripsy as now practised is the most speedy and the safest operation in nearly every case for the removal of a calculus from the urinary bladder all surgeons will agree, but we gather from our correspondent's letter that he is opposed to the high operation of lithotomy under any circumstances. In this opinion we cannot concur; in a small proportion of cases, especially when the prostate is greatly

enlarged, the suprapubic operation offers greater facilities to the surgeon for the removal of the stone than does lithotripsy, and especially the surgeon is enabled at the same time to inspect the prostatic tumour and to judge of its suitability for operative treatment. The risks of suprapubic operation are now very much less than they were, and the difficulty of drainage has been fully overcome.—ED. L.

THE CONNEXION BETWEEN FEEDING AND CANCER.

To the Editors of *THE LANCET*.

SIRS,—Hippocrates, the father of medicine, who died 361 B.C., taught that disease might be treated by medicine, by surgery, and by diet. Medicine has had a fair trial and has been in late years almost supplanted by surgery; but there are not wanting signs that the time is fast approaching when diet will be studied as it should be and then even the surgeon will have comparatively little to do. Hitherto it has been a rare occurrence for a physician to call attention to the question of diet and still rarer for a surgeon to do so; but now both physician and surgeon do not hesitate to enter the ranks of dietetic reformers. The last to join the pioneers of the profession is Sir William Banks who, lecturing before the Medical Society of London on Cancer of the Breast, says that as the result of his researches he concludes that over-feeding is the predisposing cause of cancer; and he attributes the increase of cancer to the more general consumption of butcher's meat, the use of which has increased enormously during the last 30 years. Physicians have long taught that gout was the direct result of over-feeding and if their warning were listened to what a fell disease would be banished from our midst. Some physicians have ventured to assert that over-feeding is also the predisposing cause of all our epidemic diseases, lowering the vitality and making us an easy prey to the various bacteria which give rise to such diseases. Now that a surgeon of such eminence as Sir William Banks, after a life study of cancer, with the accumulated wisdom of close observation, has come to the conclusion that the change from the simple food of our forefathers to the highly concentrated food, more especially the fleshy food of the present day, is the cause of that dreaded disease from which in the majority of cases even the unsparing knife of the surgeon cannot save us, may we not hope that the medical profession will in these latter days turn its attention to diet, and under the guidance of Hippocrates, who has left an excellent treatise on the subject, enter upon a crusade against all foods which are known or can be proved to produce disease in man?

I am, Sirs, yours faithfully,

JOHN HADDON, M.A., M.D. Edin.

Hawick, N.B., March 26th, 1900.

To the Editors of *THE LANCET*.

SIRS,—Everything that tends to clear up the etiology of cancer must be of profound interest to the medical profession. But I think it may well be asked if the impressions—or would it not be better to say guesses—of even the most eminent observers do not as much hinder as promote our knowledge. Especially is this when, as in the case of Sir William Banks and Sir James Sawyer, an attempt is made to blame the consumption of meat for an increase in the cancer rate; without a single experiment or any statistics tending to show that a meat diet produces cancer, or apparently without any regard to the concurrent alterations in the habits of the people. Assuming the fact that cancer in the male is on the increase, is there not more reason to suppose with Mr. Hutchinson that it is due to increased longevity (to which, it is true, increased nourishment may assist) rather than to the increased use of meat? Upon this hypothesis might not Sir James Sawyer's observation that cancer has increased, especially amongst the masses, be explained—viz., that the masses now more often attain to old (or the cancer) age? I would submit that all the evidence at our disposal suggests that the supposed increase of cancer is due, first, to more accurate diagnosis, or at least certification, and secondly, to increased longevity.

I remain, Sirs, yours faithfully,

Bradford, March 25th, 1900.

W. GILCHRIST BURNIE.