this includes thyroid extract, and, as is quite possible, contains little or no parathyroid tissue, its therapeutic use is likely to cause ambiguous results.

I am, Sir, yours faithfully,
Queen Anne-street, W., Jan. 10th, 1910. DAVID FORSYTH.

STATE REGISTRATION OF NURSES.

To the Editor of THE LANCET.

SIR,—The report of the speech of the Hon. Sydney Holland at a recent meeting of the Cottage Benefit Nursing Association makes curious reading. No one suggests, as he apparently assumes, that because a nurse has passed a State examination therefore she has *all* the attributes of the *best* nurse, any more than that everyone called to the Bar has the erudition of a Williams or the insight into human nature of a Russell, but merely the fact that a woman has satisfied a competent board of examiners that she has undergone, say, three years' training in a well-equipped hospital, and that she understands the principles and practice of her profession would be some guarantee that she was capable of undertaking the duties of a nurse. "He admitted the evils arising out of the present state of affairs," but went on to suggest that, to assess the amount of knowledge of nursing of the lady in the uniform would be likely to bring about a worse state of things than obtains at present. "There were things far more important in a nurse than mere ability to answer the questions of an examiner." True, but the same might be said about the medical profession or, in fact, any profession which entails the passing of an examination before the examinee is allowed to follow his calling. But because this is so does Mr. Holland suggest that there should be no general recognised average test of the claimant to the particular calling? To say that the holder of a pass certificate may not know all or be all that a nurse should be is to state a truism, but to suggest that because she has satisfied a competent assessor that she does know something therefore she is less of a nurse or further from the ideal is ridiculous.

No one with any acquaintance with the world of quackery which surrounds the practice of medicine will for one moment suggest that if State registration of nurses were an accomplished fact none but well-qualified nurses would go clothed in any of the mystic mantles or adorned with the *chic* headgear which we are accustomed to associate with the doctor's true help-maiden. That were too much to expect, but because there would still be usurpers of the toga is no reason why the Legislature should not say "you shall not behave in such a manner as will lead the general public to believe you are a properly trained registered nurse, and if you do you shall be liable to prosecution." But for the eminence of the speaker and the work he has done for hospitals, his illogical and reactionary dicta might easily have been passed over.

It would seem from the tone of the speeches generally at the meeting that the participators in the debate were unaware that State registration has been tried in some countries, and has not been found to produce the evil effects which the speakers foreshadowed. There was placed on the Statute Book of New Zealand, mainly through the efforts of Mrs. Neil, late assistant inspector of hospitals, a Nurses' Registration Act. By this Act a candidate for registration must show a three years' consecutive training at certain recognised hospitals and pass the State examination. One result of this has been to lessen the difficulty of the patient or doctor seeking a qualified nurse. No longer need he wade through the lengthy tribute to the claimant's skill and knowledge, his difficulty in deciphering the signatures of the attesting witnesses is removed, and he has come to be able to look upon the elaborate *sigilla* with a respectful but proper regard. "Are you on the Register?" is all that he need ask to come to a decision with regard to her employment. He has still a power of election just as a person suffering from a disease has with respect to his medical attendant, and if B comes nearer his ideal of what a nurse should be he need not engage A solely because she is a duly registered nurse.

In England it is not unknown for a matron of one hospital to suggest that a woman cannot be properly trained in any institution except the one under her control. The suggestion may be true but it is unlikely; in any case as all nurses cannot pass through that particular hospital there is

found to be some degree of dissent amongst the various teachers and amongst those taught. It would be an easy matter for the examining board to decide what certificates should be accepted, and if the candidate trained at any of the authorised hospitals satisfied the examiners as to her knowledge of the art of nursing she should be allowed to label herself as a duly qualified nurse. No Act can be retro-active, and it may be that at first some unqualified persons will in virtue of their having been in practice for a certain period before the coming into force of the Act be enrolled upon the Register. This is unavoidable and has happened with respect to all so-called protected professions, but a limitation can easily be inserted into the Act preventing such untrained persons both from coming up for examination or getting on the Register. The sooner, however, this time period is set up the sooner will the registered nurse come to mean a properly qualified person.

A Bill on the lines of the New Zealand Act would, I am certain, work for the benefit of an often ill-paid and poached-upon profession. It would be something also if a section could be introduced which would make for some uniformity in the habiliments of nurses in public. If a distinctive dress for outside parade purposes is necessary, then I trust the board would be satisfied with something less stage-like than some of the dresses seen in London streets. Every colour would seem to have been impressed into the service and some of the combinations are not what would be termed "chords." To anyone interested in the exact wording of the New Zealand Act the High Commissioner would, I am certain, gladly put at their disposal a copy of the statute.

I am, Sir, yours faithfully,

J. M. MASON,

Medical Officer of Health, New Zealand.

Highgate, Jan. 4th, 1910.

CIVILISATION AND THE CORSET.

To the Editor of THE LANCET.

SIR,—In the discussion that has appeared in your columns under this heading much critical disagreement might perhaps have been saved if the term "corset" had been more clearly defined. The word itself seems to convey to many people merely the idea of an article of apparel intended to aesthetically improve the shape of the feminine figure in accordance with the dictates of fashion, whether this be by constricting the waist, flattening the abdomen, or perverting the natural position of the breasts. That corsets may have been used for this alien purpose by a foolish minority is, of course, obvious, otherwise medical strictures would never have arisen; but it is equally obvious, by the light of their history and evolution, that corsets were never intended for this purpose, nor are they indeed so used by the masses of women who universally adopt them. The true intention of the corset is more rightly conveyed by its old English synonym "stays," because "to stay" means to hold an object in its precise and proper place without any overpull in one direction or another, just as indeed the mast of a ship is held by its stays in a true position. Of course, if any part of the human body has to be "stayed" this presumes some structural disability, but it will be found that this structural disability does exist and that, with the majority of women in all ages, it has been met by some form of loin band, this band in the present day being embodied in the garment known as the corset.

In my previous letter I pointed out that the ancients wore their "corsets" in three separate pieces—the loin-band, the waist-band, and the breast-band. I insisted, as indeed was the case, that the loin band was the universally used and essential piece and that the other two were occasional and adjunctive only. Similarly in the modern corset, which has been evolved from the triple bands of the ancients, it is that part which represents the loin band that is alone essential and the other parts of the corset are generally adjunctive, although in special instances they might be of service in the support of pendulous breasts or of weakly backs. For the sake of clearness I may at once define the area that is covered and "stayed" by the loin band. This band takes its grip behind on the sacrum and on the lower lumbar vertebræ, and it supports the abdomen in front from a little above the umbilicus down to the pubic bone. This particular abdominal area has with most women to be "stayed," and there has been an instinctive impulse on the part of all

women from the earliest records onwards to so gird their loins that the abdomen is supported over the area I have mentioned, whether this has been done by a leather or network zone, by any simple textile bandage, or by the article of apparel now known as the corset. And I maintain that this instinctive impulse to obtain support has its origin in a more or less general structural disability of the body when in an erect position.

With this preamble I may now proceed to a review of the whole discussion. It was initiated in a masterly article by Mr. W. Arbuthnot Lane, who, as the results of his large intra-abdominal experience, gave a series of important and sequential facts. He pointed out that in consequence of man's persistently erect position his abdominal viscera tended to downward displacement. He showed that nature endeavoured to meet this disability by strengthening the inadequate visceral slings by means of extra or "acquired" peritoneal bands. He demonstrated that this effort of nature to prevent lapse most frequently proved insufficient and that the abdominal organs gravitated downwards. He then described the condition, that of intestinal stasis and auto-intoxication, which inevitably ensued. And he finally asserted that by far the most important factor in the treatment of this morbid condition was a particular kind of corset that lifted the abdomen below the umbilicus in a direction upwards and backwards, but left the rest of the abdomen free from pressure. It will be observed that the area of support indicated by Mr. Arbuthnot Lane is, as is only natural, precisely the one embodied in the loin-band hold to which I have previously referred.

In my letter which followed Mr. Arbuthnot Lane's article I was able to add some further corroborative facts. With a somewhat lengthy extra-abdominal experience acquired whilst dealing with such things as hernia and moveable kidney, I had long since found that the lower abdominal walls were very frequently stressed by the descent of the organs in consequence of the yielding of their sustaining peritoneal slings. In writing on corsets some few years since I pointed this out, and, taking a mechanical or morphological view of the body, I explained it by the fact that man is built for a quadruped and not for an erect position, and that therefore neither his peritoneal slings nor his abdominal walls are adequate to resist the persistent drag of gravity upon his abdominal viscera. I also opined that in all likelihood the abdominal walls were by evolution strengthening, and it would appear from Mr. Arbuthnot Lane's observations than the peritoneal slings are tending also to strengthen in a similar way. And I advocated the use of corsets with the proper loin-band hold, because it appeared to me that they were in most instances positively necessary to combat the inherent structural disability under which mankind suffers when in the erect posture.

The physiology of intestinal congestion or stasis was carefully worked out by Professor Roy, M.D., F.R.S., and Professor Adami, M.A., when they issued their conjoint paper on Waist-belts and Stays in 1888. I referred to their paper in my last letter, and I may make some additions. They took the beneficial use of a waist-belt, whether solely or embodied in a stay or corset, as an accepted fact, and they were seeking simply to find an explanation. Their experiments were made with particular reference to the circulation, and they came, although in a different way, to precisely the same conclusions as those of Mr. Arbuthnot Lane—namely, that in consequence of the erect position of the body a large amount of waste blood accumulated in the intestines even with the strong, whilst with the weakly this amount was greatly increased. They held that the remedy for this condition was gentle compression of the lower abdominal walls. Hence they asserted that "the waist-belt is of use and has been constantly used in those cases where, through want of tone in the abdominal wall, it becomes necessary to counteract the tendency to a useless storing up of blood in the abdomen, and also most frequently by those in perfect health to bring more blood into the service of the brain and muscles so as to conduce to an increase of mental and muscular activity." And, in perfect fairness of mind, they concluded their paper with the following words: "The authors are emphatically not advocates of tight-lacing. Their desire has been to point out that the widely spread habit of wearing some form or other of waistband, which may almost be termed an instinct, has a physiological basis and is not of purely æsthetic origin."

One word of explanation I may add, and it is that their term "waist-belt" is intended to denote what I have called loin band, and that it did not extend as high as the waist at all, and therefore did not compress it.

Now I think all that I have previously given is a statement of the actually observed facts that have a bearing on the use of corsets. It will be interesting now to note the views of your correspondents. One of them, Dr. Lætitia H. Andrew-Bird is entirely in favour of the use of proper corsets, and being a lady doctor of long experience her confirmatory opinion must necessarily have considerable weight. Another, Mr. H. M. M. Woodward, corroborates Mr. Arbuthnot Lane's observations as to chronic intestinal stasis. But the rest advance various arguments in opposition to the use of corsets, and these arguments I will proceed to examine.

Dr. Cecil E. Fish, in a carefully considered letter, first states that there are many women who never require corsets. This statement may be readily admitted. If their abdominal walls are tonic and their mesenteric slings do not yield then they may be able for the time or even for life to do without stay support. But the fact that some few women can dispense with corsets cannot be held conclusive as against their use by the majority. This argument has been used before and is generally put by its advocate thus: "I have known many women who have been able to go through life without corsets and therefore corsets are bad in themselves and should be dispensed with." But that this reasoning is illogical can be shown by analogy. For instance, the same advocate might urge: "I have known many women who have been able to go through life without marriage and therefore marriage is bad in itself and should be dispensed with." It is clear that it is the experiences of the majority that have to be considered and not those of the perhaps luckier minority.

Then again, Dr. Cecil Fish raises the respiratory argument. Now this is based entirely on the assertion of Hutchinson that the pectoral breathing of women was due to the wearing of corsets. I am strongly of the opinion that Hutchinson, after his erudite investigations into respiration, found himself faced with the necessity of giving some reason for this pectoral breathing, and that he seized on the corset theory as the only one open to him. In any event it is wrong to assume that Hutchinson's view was accepted by physiologists. On the contrary, Mr. John Marshall, in his classical work on Physiology, wrote: "Pectoral breathing is the characteristic form of breathing in the female, a fact which has by some been attributed to the habitual use of stays, but which may be a provision against the impediment to abdominal respiration which occurs in that sex."

However, as Dr. Cecil Fish's argument was worthy of more than verbal dispute, I determined to submit the point to actual experiment. The difficulty was, of course, to get a number of ladies, some of whom wore corsets, some of whom did not wear corsets, and some of whom had never worn corsets, altogether under similar conditions in a state of strong respiratory activity. I managed this in the following way, and I asked a young lady, whom for brevity I will call Miss X and who is a noted hockey player, being an "international," to arrange it for me. A club to which she belonged was going to play against the Cambridge team and I was invited not only to watch the match but was attached to the umpire with perfect liberty to move about the ground and make whatever observations I wished. Miss X obtained for me complete information about the garments then and previously worn by the members of her team; indeed, the young ladies themselves knew I was watching them over the matter of corsets, but thought that I was simply engaged in noting whether the corsetted or uncorsetted displayed the greater activity. Miss X alone knew that I was observing the respiratory movements, and she managed at the intervals to gather the team together in conversation, so that my observations should be facilitated. All the young ladies were clad in close jerseys and short skirts that fitted evenly on the hips, hence the pectoral and abdominal movements were easily observed. Now most of the team wore corsets in ordinary life, but some played with and some without corsets. One young lady in particular had never worn corsets at all, and it is needless to say that I kept her under most special notice. The result, however, was as I anticipated—in all instances the breathing was pectoral and not abdominal, and there was no difficulty

under the circumstances about noting the facts. Hence I am of the opinion that Hutchinson was in error, and this being so, any argument based on his assertions falls void. I may add that Miss X herself—and she is well known as an athlete—had tried playing without corsets, but had found she did better when resuming them. The corsets she wore were short “riding corsets” with the bones taken out; in fact, they embodied simply the loin band that I have stated to be essential.

Dr. Fish asks another very pertinent question, although he associates it with a jest about babies. At what age is it advisable to begin wearing a corset? A consideration of the grounds on which I have stated corsets to be necessary supplies the answer. During development and growth the viscera are not liable to lapse, and the abdominal walls in youth are invariably competent. Therefore I am of opinion that corsets, physiologically considered, are never actually required before adult life. They are not positively necessary for a girl before the age of 16 or 17, when the loin band becomes the means of hanging the skirts to the hips instead of to the shoulders. If a girl or a woman can do without corsets altogether, so much the better for them. I should be the last to advocate the cumbrance of humanity with anything unneeded. But the fact remains that sooner or later most women will gird the loins with benefit to themselves and one cannot get away from it.

Dr. Fish makes another statement which also calls for comment when he says that a woman cannot fasten her corset in its usual dimensions when she takes a deep inspiration. All I can reply to this is that the corset concerned is not a correct one inasmuch as it compresses the ribs. I can simply repeat that the only tight part of a corset should be the loin band, and that the other parts of the modern corsets are perfunctory except in special instances.

Dr. James Kirkland's letter obviously also deals with corsets of the same faulty type, and it is therefore valuable in this respect because it exposes the errors of the æsthetic as contrasted with the physiological corset. But his arguments, which are based on the faults of the former, cannot be regarded as cogent against the latter. The most astounding statement, however, in Dr. Kirkland's letter is his assertion (and I know not on what grounds) that uncivilised women do not breathe pectorally, as do the women of civilisation, but breathe as men do. If Dr. Kirkland's statement is correct and he can substantiate it, it would introduce an entirely new factor into the theory of respiration. It is impossible for me to offer in so short a time any experimental contradiction, as one cannot collect in London a bevy of nude Zulu girls for a game of hockey. But I have written to a friend of mine who is a doctor (and who has just gone out to South Africa, to investigate, amongst other things, the sleeping sickness), asking him to clear up this very important matter.

So much, then, for the question of abdominal support as far it concerns women, but in my previous letter I made some slight allusion to the girding of the loins by men as being an indication that they also in heavy exercise found some support useful to the lower abdomen, and especially so in hot climates. The matter was quite a subordinate one, only it led to a letter from Colonel H. E. Deane (R.A.M.C., retired), who controverts my statements. Colonel Deane insists that the native Indian when girding his loins only tucks his loin cloth out of the way, and in no way uses it for purposes of support, as I have stated. I have referred this matter to an Indian gentleman who practises as a doctor in London and with the suavity of the East he informs me that we are both right. The native, he tells me, of course tucks his loin-cloth out of the way of his work, but he also tightens it round his loins and in particular supports his scrotum. I made a similar assertion about the Arabs, and this, again, Colonel Deane contradicts. I cannot do better, perhaps, than once more quote from the address of Professors Roy and Adami on this matter of girding the loins: “Thus is to be explained the employment of tight belts by gymnasts and modern athletes. This use has been recognised from the earliest times. Thus in 1 Kings xviii. 46 (and elsewhere) Elijah is said to gird up his loins. The word for girding up is, we are informed by Professor Robertson Smith, best rendered *fortiter constrinxit*—tightly constricted. Similarly the Greek expression for an active man—*εὐζωπος*, well girt—arose from a like conception. The Romans had a corresponding phrase, and eventually amongst all these nations,

as among the Arabs of the present day, a loose girdle or belt when in public places was looked upon as a sign of want of vigour.” I think I prefer to accept this statement rather than that of Colonel Deane. But Colonel Deane fires off his final shot of contradiction with the ejaculatory sentence, “Fancy a Marathon runner running in an abdominal belt!” Well, native Indians and native Arabs may not be easily accessible, but Marathon runners are. Mr. C. W. Gardiner, who beat Dorando the other day, and did the Marathon course in record time, was kind enough to give me all the information I required. Mr. Gardiner tells me that, except when actually racing, he always wears a flannel belt 10 inches wide. Runners, he says, should always wear such a belt at such times as it strengthens the loins. When actually racing he discards the belt because it would be in the way, and wears instead a band with a suspensory support for the testicles; and, adds Mr. Gardiner, no man or youth should run without them. By wearing them you have more freedom when running and are not likely to get a rupture in that part. I commend these facts to Colonel Deane. I am, Sirs, yours faithfully,

Jan. 10th, 1910.

HEATHER BIGG.

THE INDICATIONS FOR OPERATION.

To the Editor of THE LANCET.

SIR,—I should like emphatically to endorse Dr. Leonard Williams's protest against Mr. Moynihan's claim that operation for duodenal ulcer can be undertaken without physical examination. I have been engaged in the making of post-mortem examinations for the last ten years. We are often told now that the “results of necropsy are to be controlled by those of biopsy.” Unfortunately a necropsy occasionally follows the biopsy somewhat speedily, when the control is exercised in the opposite direction. More than once it has been my lot to find that a normal duodenum has been operated upon.

“It is not necessary to the attaining of an accurate diagnosis that an examination of the patient should be made.” This is the spirit which leads to the not infrequent performance of gastro-jejunostomy for the gastric crises in tabes, and even, as I can vouch, for the dyspepsia of phthisis. It is a spirit which, if persisted in, would dispose of the claims of surgery to be a science.

I am, Sir, yours faithfully,

Welbeck-street, W., Jan. 10th, 1910. W. LANGDON BROWN.

THE PARLIAMENTARY REPRESENTATION OF THE EDINBURGH AND ST. ANDREWS UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—I think it only right to point out that your Scottish correspondents' information is misleading. It is perfectly true that some of Sir Alexander Simpson's personal friends very much regret that he has come forward, but that is because they are active supporters of Sir Robert Finlay, and they recognise that Sir Alexander Simpson is about the strongest candidate the other side could put forward. Your correspondent is surely unaware that it is one of the justifications of University representation that men who are not politicians in the ordinary sense thus find their way to Parliament. In the past Edinburgh and St. Andrews have had such representatives and Sir Alexander Simpson's supporters hope to have one again.

In considering the details of the social reforms which, whatever party is in power, are sure to be brought forward at an early date, Sir Alexander Simpson's long experience of medical practice should prove invaluable.

I am, Sir, yours faithfully,

Edinburgh, Jan. 11th, 1910.

NORMAN WALKER.

THE DANGERS OF INFECTED EARS.

To the Editor of THE LANCET.

SIR,—“For every child who dies from a blow, a thousand die from the effects of neglected ear disease.” The above is an extract from an article in one of the daily papers, and is the first forcible allusion that I have seen in the daily press to a matter that is of great importance to the community. Whether the writer of the article referred to was fully justified in this remark or not, the consequences of neglect