

with the progress of medical science." This exposure and annoyance has been brought to the notice of the authorities very recently, who have in consequence directed that in future staff and regimental assistant-surgeons shall share the duty alternately (by weeks) at all stations. But this does not remedy it, but only causes *all* assistant-surgeons to be exposed to *this great annoyance* instead of individuals as formerly.

5thly. That we should not be mulcted of our small pittance, and compelled to refund money for extras ordered by us *conscientiously*, and in the due performance of our duty to our God, our fellow men, and the service generally, as well as in accordance with the solemn obligation we owe the universities and colleges from which we have obtained our degrees and licences—not to speak of the absolute necessity there exists for their issue to the sick and dying, many of which cases would prove fatal only for their issue. In the name of common sense and humanity, Mr. Editor, when will the authorities cease such oppressions?—and how can they expect professional gentlemen to enter the service when such a state of things exists? After the disasters of the Crimea, it was hoped medical officers would be less fettered in future. But, instead of this, a code of *ten* diets have been recently framed by a set of War-office clerks, termed "Purveyors," to save themselves trouble, and a medical officer must confine himself to those diets in prescribing for his patient, although there may not be a single one applicable to the case. Should he transgress, and order an extra on a diet not authorized, he is ordered to pay up to the War Office, perhaps a year or two afterwards, when all connected with the case has gone out of his head, and he can only consult books and diet rolls for an explanation! The "Purveyors" in question, instead of being assistants to the Medical Department and under their orders (as it was originally intended they should be, to perform the rough clerical work), are no such thing, but the greatest bugbears to the department, and delight to assert their independence and give medical officers every kind of annoyance whenever they can possibly do so.

6thly. That when we consider it necessary to order wine, arrowroot, &c., (as allowed by regulation,) to the wives and children of soldiers under our care, we may be saved the degradation of being obliged to get the commanding officer's *sanction and signature* before we can issue them; as nothing can be a greater insult than this, which implies we are not worthy of trust. Further, that when we do make such issues (under similar circumstances as the cases of soldiers already referred to), we may be saved the unnecessary annoyance of being obliged to enter the cases at full length in the "Case-book," and then detail our reasons for ordering them.

7thly. That the above may be cancelled, as well as a heap of unnecessary clerical work which we daily have to perform. Every venereal case has to be detailed, as well as every case where we deem it necessary to order even such an inexpensive drink as lemonade or *barley water*; so that a medical officer is so worried and disheartened that he has not time to read-up, study, or register really important cases, which would be not only a credit to himself, but interesting and useful to the public and profession generally, if published in the medical journals.

8thly. That the second assistant-surgeons of the regiments at home and of those in the colonies, which were withdrawn within the last three years, should be forthwith re-appointed, as it does not appear on what grounds an unfortunate assistant-surgeon should be a slave, and daily and hourly on duty. Even on Sunday, when tradespeople, mechanics, shopkeepers, &c. not to speak of the private soldiers of the regiment, are off duty, he has his visits to pay without any relaxation whatever, in contradistinction to all other branches and classes in the service of her Majesty.

In conclusion, I feel confident that the above represent the real causes of discontent in the Army Medical Department; and until they are redressed, I think the authorities cannot expect to get first-class professional men to enter the service. Under the present *régime* the pay, the position, the promotion, and the retirement are not at all adequate to talent, or the forfeiture of the twenty-five best years of a man's life.

I am, Sir, your obedient servant,

March, 1864.

CONSILIO MANUQUE.

## MORTALITY OF PARTURIENT WOMEN.

To the Editor of THE LANCET.

SIR,—Having frequent occasion to inquire into the medical history of members of the labouring classes, I have long been struck with the fact that a very large number of women die in giving birth to their children, or from diseases that are the

immediate consequences of parturition. Desirous of making some accurate computation of the comparative numbers of deaths from this cause, I have for some time past noted down the causes of death of the mothers of those candidates for employment in the minor establishment of the Post-office, whose certificates have been sent for my inspection.

I find the proportion of women who died in childbirth so large that I think the fact should be brought to the knowledge of the profession generally. It should be stated that all the women whose cases I refer to lived and died in the country—none of them in London. They relate entirely to the mothers of those young men who have, through the interest of members of Parliament or other influential persons, obtained nominations for employment in the provincial post-offices. The statement of the cause of death was always made in writing by the candidate—the son of the deceased.

I commenced taking the notes on the 20th of November, 1861, and have continued them up to the present day—the 18th of March, 1864, a period of two years and five months. I have kept no account of the total number of the other candidates examined during that period—that is, of those whose mothers were alive. It would, perhaps, have been as well to have done so. I merely registered the cases of all those mothers who were dead from any cause at the time the sons obtained a nomination. Where the cause of death was "unknown," I placed it in every instance amongst those who did not die in childbirth.

The number, then, of the mothers who had died from all causes was 225. Of these 90, or exactly two-fifths, had died, according to their sons' information, in childbirth, or from some disease immediately following and directly connected with that event.

As these statistics relate exclusively to provincial candidates, not seen and examined by myself, but by local medical men, by whom the statements are transmitted to me in regular course, I have had no opportunity of inquiring into any details connected with the deaths. If I had had such opportunity, I should have been anxious, among other points, to ascertain what proportion of these women had been attended in their confinement by properly qualified medical practitioners, and what proportion by women acting as midwives, &c. From inquiries I have made on this subject, however, from candidates of similar class and position, I am inclined to think that a large proportion must have been attended by midwives. Let the causes, however, be what they may, I think the fact that so large a proportion as two-fifths of all the deaths of the mothers occurring from an event which is normal, and should be the cause of death to few or none, deserves the notice of the profession at large.

I am, Sir, very faithfully yours,

WALLER LEWIS, M.R.C.P.,

Medical Officer-in-Chief, General Post-office,

Medical Department, General Post-office, March, 1864.

## "LITHOTRITY WITHOUT INJECTIONS."

To the Editor of THE LANCET.

SIR,—I can, with confidence, add my testimony to the value of the practice, advocated by Mr. H. Thompson in THE LANCET of the 20th ultimo, of performing lithotritry without the preliminary injection of the bladder. This practice is, however, more extensively adopted than Mr. Thompson seems to be aware of.

In THE LANCET of the 12th inst. Mr. Pollock has shown that in his own practice he has for some time discontinued the use of injections before introducing the lithotrite.

In a paper which I published in a contemporary journal of December 10th, 1859, the following passage occurs:—"In the fifteen cases (of stone treated by lithotritry) in Table 3, the number of 'sittings' in fourteen is recorded, the smallest number being two, the largest, twenty-two, and the average number in each case about six. In all these operations the utmost gentleness of manipulation was practised, and this was much promoted by using a screw lithotrite, as small and light as was consistent with sufficient strength. The patient was generally laid on a couch, the pelvis being raised by pillows. Before the operation the patient was desired to allow the bladder to become as fully distended with urine as it could easily bear. By observing this precaution I have very rarely had to inject the bladder with water. The irritation caused by the introduction of a second instrument was thus avoided, and I have imagined that the bladder is more tolerant of the presence