

solution, and so the relative contraction or dilatation of all the arterioles of the body.

I am, Sirs, yours faithfully,

Brook-street, W., Sept. 19th, 1892.

ALEXANDER HAIG.

*To the Editors of THE LANCET.*

SIRS,—I should be glad if Dr. Mouat would specify the sentence in which occurs "the insinuation that the corruption of the subordinate agents of the prisons caused the smuggling of opium in such quantities as to cause a prejudicial influence on death-rates." Dr. Pringle, I observe, suggested that the smuggling exerted an opposite influence. What is Dr. Mouat's explanation of the apparent discrepancy in his vouching "absolutely for the correctness of the returns themselves," and yet saying of one of them, "This record again I believe to be inexact"?

Dr. Mouat says "the diseases chiefly influenced by opium were dysentery and diarrhoea," and that one-fourth at least of the whole mortality was due to dysentery alone. Is this an approval of the suggestion that opium predisposes to dysentery?—I am, Sirs, yours faithfully,

J. BARCROFT ANDERSON, M.B., B.Ch. Dub. Univ., &c.  
Dublin, Sept. 20th, 1892.

## THE MIDWIVES' REGISTRATION BILL.

*To the Editors of THE LANCET.*

SIRS,—In THE LANCET of Sept. 17th you publish a letter from Dr. Alderson relative to "Midwives and Abnormal Cases." Will you allow me to point out some of the errors he has fallen into? He opposed the late Midwives Bill, he says, because it would have certificated hopelessly incapable people; but he has forgotten that there was a clause requiring proof of a fair amount of knowledge before registration. In the case he gives, supposing the hopelessly ignorant woman who assumed the name of midwife had had her name placed on the Midwives' Register, it would have changed the verdict into one of culpable negligence; and even if she had succeeded in persuading the jury that registration did not imply necessarily knowledge, she would still have had her name removed from the Register and have experienced that amount of punishment now noticeable by its entire absence. He thinks that "midwives should only be allowed to act under the eye and responsibility of a medical man," and that a poor patient should be attended by the club or parish doctor. This might be desirable. These women have the opportunity of so doing now, and will not have the one while they either cannot or will not have the other; at any rate, they do not have doctors to attend them, and indeed it would be quite impossible for doctors to do all the "cheap" work thus thrown on them and live on the results. I would ask him why a medical man should bear the misdeeds of an "obstetric nurse" on his shoulders merely because he was engaged by a patient to assist in case of the requirement of his services. He would have to wait till sent for and then be responsible for not having come sooner. Who is to pay the expense of this arrangement, for which alternative Dr. Alderson has thrown his weight against the Bill? The patient can hardly pay the midwife, let alone paying retaining fees or fees for services rendered. The fact is that the poorer classes, in their very laudable endeavours to be independent, prefer, in their ignorance of the risks they run, to be attended by a person whose charges come within their means. It cannot be denied that an immense number of poor people are attended by incompetent or untrained women. I have in front of me letters just received from two medical men practising in a manufacturing town of 60,000 inhabitants, mostly poor, and these are nearly all attended (so they tell me) by untrained women because they cannot pay doctors' fees. Dr. Alderson has opposed a much-needed Bill for fear of a provision in it which could not have been left out and which would have been remedied by lapse of time in a few years.

I am, Sirs, yours faithfully,

F. ROWLAND HUMPHREYS.

Fellows-road, N.W., Sept. 20th, 1892.

## THE SANITARY CONDITION OF WELLINGTON, NEW ZEALAND.

*To the Editors of THE LANCET.*

SIRS,—In THE LANCET of June 11th appears a critique upon the sanitary condition of Wellington, in which the writer states that "dirt, disease and death have given this

city an unenviable notoriety among the cities of the colony." This is painfully unjust, as my report most clearly proved. Previously to 1890 there was comparatively little typhoid fever. During that year there were 109 cases, 50 of which occurred in a small area of several blocks of buildings in the Te Clio end of the town. In 1891 there were 107 cases and 57 came from this same area; while during the first quarter of 1892 there were 62 cases and 56 came from exactly the same locality, leaving 6 only from the remaining part of the city. The area under notice covers a space of about 100 acres, while the populated area of the city is 1500 acres. It is obvious therefore that only one little spot, one-fifteenth of the town area, deserves the severe criticism of your correspondent; the rest of our town enjoys comparative immunity from all forms of zymotic disease. My report clearly shows this; and of all the things said of Wellington, sanitation was the most just and at the same time the most complimentary, for it freed fourteen-fifteenths of the city from the cloud that hung over it. New arrivals who have read the scathing criticism of this our empire city must be very pleasantly surprised at the general cleanliness of our streets, the elevation of our houses on the hill-side and the ample space around each, admitting light and air and sunshine in rich abundance and surpassing purity. The affliction of a prince, not the zymotic mortality, has given Wellington a reputation almost wholly undeserved. Defects in house and town drainage may occur anywhere and at any time. Local house-drain defects caused the illness of Lord Cranley and local town defects caused the epidemic of Te Clio. The former of these have been successfully remedied and the latter are being remedied by the Council, who, despite the aspersions cast upon them, have overcome many difficulties and accomplished much in sanitary reform.

I am, Sirs, yours faithfully,

Wellington, N.Z., Aug. 11th, 1892.

W. A. CHAPPLE.

## THE PATHOLOGY OF DROPSY.

*To the Editors of THE LANCET.*

SIRS,—At the present time, when the pathology of dropsy is being so much discussed, the subjoined case of dropsy without albuminuria following scarlet fever may be worth recording:—On Sept. 5th I was called to see L. M.—, a little boy aged six, who was suffering from well-marked scarlet fever; throat, tongue and rash were all typical; the temperature was 102°. The case ran an ordinary course, and by Sept. 9th the temperature was normal and the rash had almost disappeared. I had tested the urine daily as a matter of routine, but had found nothing abnormal. On Sept. 10th when I called I found considerable swelling of the whole face, especially marked on the upper lip, and the complexion pale and rather waxy-looking; there was also swelling of the left leg and slightly of the scrotum; the temperature had run up to 100.4°. I expected to find the urine highly albuminous, but was surprised to see, on testing by boiling, that there was no precipitate, nor was there any reaction with either nitric or picric acid. The amount of urine passed was unfortunately not measured, but the patient's mother stated that he had not passed nearly as much as usual. I ordered a mixture containing digitalis, and on the next day (Sept. 11th) the swelling had nearly disappeared, while to-day (Sept. 12th) there is none discoverable and the waxy complexion has given way to a more healthy colour. I have examined the urine at different times, before and after meals, but have quite failed to find any albumen. I offer no explanation of these facts, but content myself with recording them.

I am, Sirs, yours faithfully,

Southend, Sept. 13th, 1892.

W. A. MURRAY, B.A., M.B.

## THE RADICAL CURE OF INGUINAL HERNIA.

*To the Editors of THE LANCET.*

SIRS,—If it were admitted that a particular method of obtaining a definite result was the best, then I take it many methods of attempting to do so would not be recommended; but for the radical cure of hernia several operations are advocated, and no one has been adopted as the best. In drawing attention to another, the peculiarity of which is the introduction of a new principle, I hope I have not done injustice to any other procedure. I congratulate Mr. Burghard upon the success of his eight cases of radical cure by Bassini's operation, but I still think that by Halsted's recurrence is less