

village midwife engaged with a critical case suddenly discovers at midnight that she requires the aid of a duly-qualified practitioner. Who is there that will go to the town through sleet and snow to obtain the services of the expert? When he is found, is it right to expect that he will accept attendance upon the wife of a labouring man with no prospect of being recouped for his services? What will happen to the woman during the waiting hours?

It must, however, be admitted that these are not new difficulties. History records the fact that in all ages and in all countries woman has been called to the aid of her suffering sister in this her great peril. It is a modern refinement of cultivated society to obtain the services of a skilled practitioner with ready and ample resources for every emergency. No one will dispute the fact that this has been a great gain to the human race. The mortality statistics of the child-bearing period give ample evidence of the fact that human life has been preserved and suffering diminished by the skilful attendance of obstetric practitioners upon women during their confinements. We cannot, even if we so desired it, ostracise the midwife. She is a factor to be reckoned with. Over 200,000 women in this country are attended by midwives annually. Their services are secured by preference by the women themselves, and all that we demand as scientific practitioners is that this practice shall be regulated by such parliamentary measures as will protect the lives of those who are entrusted to their care. Therefore, when the Obstetrical Society comes in and offers to provide a qualifying examination for midwives so that they may practise their profession with some amount of skill and discretion, such humanitarian efforts for the amelioration of the lot of the necessitous poor must claim our acknowledgment. A woman thus brought into close association with the methods of practice adopted by the profession, and duly warned of the dangers which she is certain to encounter in her practice, should be the more ready to send and ask for the help of a neighbouring practitioner when any difficulty arises.

What we need to impress upon the Government is that if it determines to give a legal status to the practising midwife it becomes us to demand attention to the corresponding obligation—viz., that the safe delivery of a woman is only one part, and that a small part, of her obligations. The defence of the puerperal woman from the encroachment of septic germs, and the safe conduct of her case through the many shoals and dangers of the puerperal period can only be effectually guarded against by knowledge which the expert has acquired after years of study and research in the medical school. Hence the importance—I would say the necessity—of linking on every registered midwife with a qualified practitioner residing in the district where she works to whom she can have direct access in cases of difficulty or emergency.

I cannot understand why some general practitioners should object to the registration of midwives. Some kind of registration must precede any official regulation of their practice. Countless thousands of poor women have to submit to the ministration of these disqualified obstetricians on account of their poverty, yet the vast majority of them would gladly receive the services of an expert working upon trained scientific principles acquired after many years of hospital study. The manly fortitude and ready talent for sudden and grave emergencies, so characteristic of our race, will always make the man-midwife a *persona grata* with women of all grades. I do not think we need fear the ghost of supersession. We have got rid of Betsy Gamp from our hospitals. We have flooded our towns with trained nurses who have proved most valuable aids to our practice and useful watch-dogs over the foibles and fancies of our patients. Why stop short at the midwife? Are we not all advocates of antiseptic midwifery? Do we not agree that the puerperal state and the needful manipulation of lacerated tissues constitute a most fruitful source of germ infection by ignorant women? Are the lay public, many of whom are eagerly supporting the claims of the Midwives Society, aware of the dangers of employing women whose hands and clothing must be loaded with bacteria and septic germs as they hurry from house to house in densely populated neighbourhoods? Surely the remedy for all this loose and dangerous practice of self-constituted midwives is to place them under the authority of the medical officers of health, or of the local practitioner who should receive their reports, train them in habits of cleanliness and antiseptic treatment, and thus guard them from carrying infection from house to house, and also inhibit them from "attending cases

of abnormal labour" except in consultation with a registered practitioner. Let us convince the House of Commons and the philanthropic public that in resisting this measure we are not contending for the right of guarding our own interests, but of safeguarding the public in populous centres from the ignorant and dangerous practice of unauthorised midwifery. A registered midwife with hospital training should prove a most valuable aid to our hard-working practitioners by reporting all cases of labour to the proper authorities and of the existence of epidemic disease in the houses they visit, receiving a small fee for so doing from the local authority.

Let it be clearly understood by the lay public that the medical profession do not object to the registration of midwives as such. The better instructed a woman becomes for the duties of her calling so much the better for the health of the community. But is it possible by an Act of Parliament to make a midwife an obstetric practitioner? However clever and skilful she may be it is impossible to qualify her for attending any but ordinary or natural labours under a certificate of three months' instruction in midwifery. As soon as the child is delivered and the placenta removed the woman passes into a puerperal condition the gravity of which can only be measured by a practitioner who has spent years in the study of obstetrics and gynaecology. The avenues for septic infection are numerous and intricate. The midwife may be skilful in the administration of an antiseptic douche but she cannot possibly know the source whence the bacterial infection has been communicated. She cannot explore with speculum and other appliances the manifold involutions of the vaginal or uterine membrane. She has no proper qualifications for testing the pulse or the temperature, or for examining the vital organs. The life of the woman depends upon prompt and skilful treatment of these emergencies. The statistics of lying-in hospitals show unmistakably that in confinements attended by duly-qualified medical men and women the mortality is much less than in those attended by midwives. If the Houses of Parliament determine to register duly-qualified midwives, well and good; but they must go one step further and provide medical attendance for that numerous class of cases that go wrong because the midwife is not competent to prescribe for, or treat, the complications of the puerperal state.

The only way to protect the public from incompetent and meddling midwives is to require the woman to be in direct communication with a local practitioner or medical officer of health for the treatment of all emergencies. This might be effected by requiring a notification certificate to be sent to the duly constituted authority of all cases attended by a midwife, with an additional request for assistance in case of emergency. The registrar or the relieving officer to give the required warrant for the attendance of the medical officer of the district when the emergency is communicated to him.

I am, Sirs, yours faithfully,

FREDERICK CHURCHILL,

Formerly Resident Medical Officer to the General Lying-in Hospital, Lambeth.

Cranley-gardens, S.W., April 4th, 1902.

THE TREATMENT OF SUPERFLUOUS HAIRS BY ELECTROLYSIS.

To the Editors of THE LANCET.

SIRS,—It need hardly be remarked that the removal of superfluous hairs from the face is of the utmost possible importance from a feminine point of view. The only really efficient method of obtaining that result is by electrolysis, notwithstanding all that has been written about the x rays—or, rather, exposure to the focus-tube—as a means of depilation. It is not too much to say that the presence of hair on the upper lip and chin may mar the whole life prospects of a woman. The condition, moreover, is extremely common—far more than is generally suspected even by observant medical men—as the feminine instinct prompts women to hide the defect as much as possible by the use of depilatories and by shaving. Notwithstanding these facts the operation of electrolysis has been allowed to drift away from the medical profession, in whose control it should most assuredly have remained, into the hands of unqualified persons.

The use of the focus-tube for epilation is not one that has yet stood the test of prolonged experience. The hairs admittedly return again and again, but it is contended that in the long run their power of reproduction is overcome

and no more hairs appear. On the other hand, unless the exposure to the x-ray tube is conducted by the most skilled and cautious operator the results may be disastrous. The writer has seen and recorded 'cases in which obstinate ulcers of many months' duration have been thus produced on the chin. It seems more than likely that any unqualified person applying the x-ray tube in this manner and with such results would be liable to incur heavy damages in a court of law. Electrolysis, also, is essentially a surgical procedure, and as such should never have been allowed to pass out of the hands of the medical profession. Some day it is possible that the General Medical Council may recognise its duty to the profession in protecting its interests in this and other directions by pressing the amendment of the Medical Acts upon the attention of Parliament.

The combined method of depilation—namely, by use of the focus-tube to loosen the hairs and subsequent cauterisation of the empty follicle by the electrolysis needle—is, unfortunately, applicable only in cases where the growth of hair is coarse and scattered. That condition excludes at once the great majority of cases of hirsuties in which the growth is diffuse, thick, and coarse, or downy. In the latter class electrolysis is the only available means of scientific treatment. Depilatories merely palliate the evil for the time being, while in the long run they cause the growth of the hairs to be redoubled.

The objections to electrolysis are well known. It is tedious and painful, but both these obstacles are surmountable with a little determination on the part of the patient. There can be little doubt that all, or almost all, conceivable cases of hirsuties can be overcome in time if the resolution of the patient and the patience of the operator be sufficiently strong. A great deal of harm is done to the credit of the operation by the claims of unqualified persons who, as usual, seek to prove too much. They say, for instance, that the pain is trifling, that the destruction of the hair is certain, and that no mark is left. On the other hand, after some considerable experience the present writer is able to affirm that it is impossible to remove deep coarse hairs without a fair amount of pain and that some slight scarring must necessarily result. The truth of the latter statement will at once be apparent to all medical readers. As to recurrence, it is admitted by all medical writers upon electrolysis that re-growth of the hairs takes place in a fair percentage of the follicles operated upon, say, from 15 to 20 or 30 per cent. That result must necessarily follow from the varying direction of the hair follicle and bulb which runs now this way and now that and is sometimes bent on itself like the letter C. A second electrolysis of the young recurring hair is then likely to end in the complete destruction of the bulb. With the aid of a small battery and a most simple apparatus it is within the power of any medical practitioner to perform this little operation which would thereby be kept in the hands of the profession.

I am, Sirs, yours faithfully,

DAVID WALSH, M.D. Edin.

Grosvenor-street, W., April 7th, 1902.

A CASE OF GANGRENE OF BOTH NIPPLES IN THE PUERPERIUM.

To the Editors of THE LANCET.

SIRS,—With reference to Dr. Ralph Vincent's interesting notes in THE LANCET of April 5th, p. 962, I think that there is no doubt as to orthoform being the cause of both rash and gangrene. Several instances of the latter complication have been recorded. Professor Dubreuilh of Bordeaux has recently dealt with the subject of orthoform eruptions, including gangrene, in *La Presse Médicale*, No. 40, 1901, p. 233, also abstract in the *British Journal of Dermatology*, vol. xiii., 1901, p. 277.

I am, Sirs, yours faithfully,

GEORGE PERNET.

Upper Gloucester-place, N.W., April 7th, 1902.

THE STUDY OF THE HISTORY OF MEDICINE.

To the Editors of THE LANCET.

SIRS,—Under the above heading there is a letter in THE LANCET of March 8th, p. 696, from Mr. G. C. Peachey begging that the profession in England shall

now begin to take some interest in the study of medical history. Though this study is not part of the curriculum of medical students it is essentially a post-graduate subject, and I am glad to say that I have introduced many English colleagues to the interesting works of Withington and of Puschmann, which latter has been so well translated into English by Dr. E. H. Hare. In this historical country it has always seemed to me a necessity that Egyptian students should know something of the medical history of their own country, and therefore I usually preface my course of lectures on medicine by telling them something of the medical history of Egypt. I suppose it is fair to say that the earliest known triumphs of the healing art were celebrated in Egypt, and everyone knows that the famous schools of Heliopolis and Memphis, where physicians taught side by side with priests, were within a few miles of modern Cairo. Herodotus in the fifth century B.C. marvelled at the number of physicians in Egypt, and a little later Ptolemy I. allowed human dissection to take place for the first time in the world's history in Alexandria.

In the second century of our era Galen studied in Alexandria before he settled to practise in Rome, but about A.D. 500 the Christian doctors were driven out of Alexandria and settled in Persia, where they taught many Christians and the Arabs who for the next 500 years represented the highest form of medicine, and spread their knowledge over half the then known world, including Egypt, where they started hospitals, lunatic asylums, and a university. Later, in the eleventh and twelfth centuries, the torch of medical learning was again carried to Italy by the Arabs, and Arabic medicine was soon transmitted *viâ* Bologna and Padua to England and Germany. During the last 20 years English and German physicians have been restoring to Cairo and Alexandria the modern fruits of that knowledge which was for so many years almost a monopoly in Egypt. I sincerely hope that one of the many existing British societies may feel inclined to popularise within our profession the history of medical teaching.

I am, Sirs, yours faithfully,

Cairo, March 29th, 1902.

F. M. SANDWITH.

ADMINISTRATION OF STRYCHNINE FOR CARDIAC FAILURE DURING AND AFTER SEVERE OPERATIONS.

To the Editors of THE LANCET.

SIRS,—Anyone who is in the habit of reading current medical literature can hardly fail to notice the frequency with which strychnine is administered for cardiac failure taking place during or after a severe operation. The usual method apparently is to give five minims of the liquor either by the mouth or subcutaneously, to repeat this dose once or twice, with the utmost caution, at varying intervals, and then to stop its administration, apparently from fear of poisoning the patient. The following instances are in marked contrast to this method.

1. A woman, aged 39 years, was anæsthetised by me with nitrous oxide and ether for the operation of pylorectomy. The operation lasted two and a quarter hours, the anæsthesia being maintained throughout with ether administered from a Clover inhaler without the bag. Three-quarters of an hour from the commencement saline solution was injected intravenously to the amount of three pints, to which were added one ounce of brandy and 20 minims of liquor strychninæ. Halfway through the operation the patient's condition became so bad, the respiration being shallow and the pulse very weak (its rate about 160), that it was very doubtful whether she would be alive at its completion. During the last hour I injected 30 minims of liquor strychninæ in doses of 10 minims into the substance of the greater pectoral muscles, producing decided improvement in the volume of the pulse. Oxygen was also administered towards the close of the operation when the peritoneal cavity was filled with hot saline solution. The patient lived. During the last hour and a half 50 minims of liquor strychninæ were given without producing the slightest twitching.

2. I have published a case¹ in which, after I had performed colostomy of the transverse colon for pelvic cancer in a woman, aged 64 years, the patient was kept alive by doses of liquor strychninæ (five minims) every four hours, at first sub cutem and later per os, with the important addition of extra doses of strychnine every time the pulse began to

¹ The Röntgen Rays in Medical Work. Third edition. London, 1902 p. 214.

¹ Brit. Med. Jour., April 28th, 1900, p. 1024.