

society which covers the practice of midwifery by persons who are not upon the Medical Register by means of a diploma from which an income is derived and medical practitioners who cover the practice of unqualified assistants and derive an income from their work. However, the position of affairs now arrived at is this: registered practitioners individually are not allowed to employ unqualified assistants. Associations of registered practitioners are allowed to cover the practice of unqualified practitioners in midwifery by means of a diploma from the sale of which some registered practitioners derive profit. To put matters in order legislation is demanded by such associations and actively pushed forward.

The main body of the profession, at first somnolent, is at last roused and protests and in the result a compromise is so far embodied in a Bill. It is a matter of common notoriety that the restrictive clauses inserted by the British Medical Association are practically not accepted by the principal promoters of legislation, and moreover that the House of Commons is not a body which is likely to pass restrictive clauses in such a Bill. If a case is made out for the resuscitation of the midwife the House of Commons will probably not restrict her practice. This condition of affairs is, indeed, serious, and it is not easy to find a remedy so late in the day. The birthright of the medical profession has been sold for a mess of diplomas to midwives. If it had not been useful legislation might have been put forward solely upon the basis of control over the practice of all persons who practised midwifery and who are not registered medical practitioners, and legislation upon this basis would have had nothing but support from the medical profession. However this may be, I do not believe for an instant that any attempt to pass the restrictive clauses in the present Bill will be successful, and as a matter of strategy if the medical profession desires to secure the insertion into the Bill of proper restrictions it will have to make it clear to the Members of the House of Commons that control over the practice of midwives is what is required and not the formation of a midwife *brigade* sanctioned by Act of Parliament.

If the present Bill is passed I can see no end to the practical difficulties of its working. A Bill of very few clauses could be framed to control the midwife and to effectually protect the ignorant. It required a Bill of the present size to conceal the intentions of the real promoters and to do a great deal of harm.

I am, Sirs, yours faithfully,

Hatfield, Feb. 21st, 1899.

LOVELL DRAGE.

To the Editors of THE LANCET.

SIRS,—Judging from your leading article in THE LANCET of Feb. 18th it does not appear that you consider a "Midwives Bill" altogether desirable. I cannot help regretting that the influence of your important journal was not rather employed in opposing than in apologising for the proposed legislation. While admitting that the Midwives Bill of the British Medical Association is better than any of the other Bills hitherto put forward I thought it my duty to oppose it when before the Parliamentary Bills Committee for the following reasons: (1) because the great majority of the medical profession are opposed to any such Bill; and (2) because in my opinion it increases the public danger rather than lessens it.

The midwife, especially when occupying the responsible position in which such legislation will place her, can always justify her omission to summon medical assistance in unnatural labour by pleading that she thought the labour was normal. Experienced medical practitioners cannot always diagnose unnatural conditions during childbirth at an early stage and sometimes have to confess that they have lost valuable time through such mistakes. How, then, can it be expected that even the best of the proposed registered midwives should be able to avoid them? It has been repeatedly shown that the medical practitioners in the country are amply sufficient to attend to all cases of labour, and it seems to me that the better policy would be to limit the practice of midwives rather than to extend it, as any such legislation as this must inevitably do. No matter how we look at it, a registered midwife will be a State-recognised practitioner of midwifery; and if the Act of 1886 laid down any principle it was that practitioners in one branch of medicine should cease to be licensed by the State. This principle has been unanimously accepted by the

profession and it seems most impolitic to weaken it by legislating in the opposite direction. It is very unlikely that any Midwives' Bill will be seriously considered by Parliament this session, and were the profession united in its opposition I believe it might be defeated altogether. The education of midwives is improving yearly and will continue to do so without further legislation; a system, too, of local registration would do much of the good that this Bill proposes and would not be open to nearly so many objections.

I am, Sirs, yours faithfully,

MAJOR GREENWOOD, M.D. Brux., LL.B. Lond.

Feb. 20th, 1899.

"A FATAL CASE OF LITHÆMIC POISONING."

To the Editors of THE LANCET.

SIRS,—Dr. C. R. Elgood's admirably written "Note on a Fatal Case of Lithæmic Poisoning" in THE LANCET of Feb. 18th raises one or two interesting points. In the first place I am doubtful as to whether the case is quite correctly designated as one of lithæmic poisoning—i.e., as being due to the poisonous effects of uric acid or its compounds while in solution in the blood. In my opinion, judging from the graphic description given by Dr. Elgood, the recurrent attacks were due to irregular gout, and as such were probably caused by deposition of sodium biurate in the organs and tissues affected. This view is borne out by the patient's strong family history of gout, by the nature of the attacks, by the extreme anorexia, by the condition of the pulse, by the occurrence of venous thrombosis during two of the attacks, and by the occurrence between the seizures of what were in all probability two slight attacks of regular gout in the great toe. My own view entirely coincides with that of Sir William Roberts that as long as uric acid, whether in the form of sodium quadriurate or biurate, is in solution in the blood it exerts no toxic effect. The other interesting point is as to whether there was in this case any increase in the elimination of urates. I believe that it is frequently misleading to infer that the elimination of uric acid is increased, because small quantities of urine laden with amorphous urates are passed. In this case during the attacks the quantity of urine eliminated apparently averaged about 20 ounces only and was of high specific gravity. I have frequently found among gouty and other patients who have been passing similar small amounts of urine laden with amorphous urates that on estimating the total output of uric acid for each 24 hours it has been found considerably below the normal output.

I am, Sirs, yours faithfully,

ARTHUR P. LUFF, M.D. Lond.

Weymouth-street, W., Feb. 20th, 1899.

"SEWER VENTILATION."

To the Editors of THE LANCET.

SIRS,—Your brief editorial notice of the dangers arising from the foul air discharged from the sewers and their ventilation pipes revives a recollection of a project which I started in 1858. At that time I was medical officer of health of Shoreditch, then a typical insanitary district. I venture to send you a brief summary of my action in the matter. The practical study of sewers—I spent some hours in main sewers amongst other experiences—led me to consider whether some effective means could not be found to lessen the noxious properties of the gases as they escape from the sewers. It appeared to me that the absorptive property of animal charcoal might be turned to account. I proposed that cages of iron containing a layer of coarsely divided animal charcoal, through which all the air emerging should filter, be fitted to the gullies. There are many places where such cages might be fitted without difficulty. In an analogous manner the plan largely adopted of relieving the sewers of the pressure arising from the accumulation and decomposition by discharge-pipes carried up the sides of high buildings, would be deprived of the serious objection that the gases find their way by diffusion into the upper windows of dwelling-houses. The disposition of charcoal-beds in these pipes would render the gases less obnoxious when discharged. I also suggested on behalf of the men whose occupation compels them to enter the sewers that the effect of Dr. Stenhouse's charcoal respirator should be tried. Afterwards Letheby advocated the same plan. The difficulty

appeared to be to secure the charcoal-filtering apparatus from being choked up with mud. I constructed a design which I believed would obviate this and other objections, so that the principle might be applied at a moderate cost to any gully under the street level, thus avoiding all obstruction to traffic.—I am, Sirs, yours faithfully,

Feb. 18th, 1899.

ROBERT BARNES, M.D. Lond.

"THE SURGICAL AID SOCIETY AND ITS METHODS."

To the Editors of THE LANCET.

SIRS,—With reference to Mr. H. Betham Robinson's letter under the above heading in THE LANCET of Feb. 18th will you permit me to say that the letter in question was the first intimation I had had of any dissatisfaction in regard to the case to which he therein alludes, but I am now in correspondence with Mr. Robinson and have no doubt that the explanation of the contingent circumstances will fully satisfy him as to the society's action? In the meantime, may I say for the information of your readers and in answer to the question asked by Mr. Robinson that this society does, as stated in its prospectuses and other publications, accept the certificate of any duly qualified surgeon, and, indeed, a form for that specific purpose is provided at the foot of each letter of recommendation for the benefit of patients who are unable to attend here. It will, however, be evident that this rule, like all others, is liable to exceptions under some special circumstances.—I am, Sirs, yours faithfully,

RICHARD TRESIDDER, Secretary.

Salisbury-square, Fleet-street, E.C., Feb. 21st, 1899.

A MEMORIAL TO THE LATE PROFESSOR KANTHACK.

To the Editors of THE LANCET.

SIRS,—The premature death of Dr. Kanthack has been so much felt by his numerous friends that we have received letters from many quarters suggesting the propriety of raising a fund to commemorate his work. It is probably not generally known that, largely on account of his generous expenditure of money in his various researches, he had not been able during the few years in which he was in receipt of an adequate income to provide sufficiently for his widow.

It is therefore proposed to raise a fund the interest of which shall be devoted to the use of Mrs. Kanthack during her life whilst the capital amount can eventually be employed in founding some permanent memorial to the late Dr. Kanthack. All who desire to contribute to the fund are requested to send subscriptions to Dr. Drysdale, 25, Welbeck-street, London, W.

We remain, Sirs, yours truly,

HENRY T. BUTLIN,
ANTHONY A. BOWLBY,
J. H. DRYSDALE.

"REGINA v. REICHARDT."

To the Editors of THE LANCET.

SIRS,—Once more the vexed question of certification or no certification in early stages of actual or threatened mental alienation has forced itself upon the public attention, and it seems, in view of a forthcoming amendment of the Lunacy Acts, as if the present were a favourable time to endeavour to settle it once for all upon a practical, common-sense, and definite basis. There are, of course, a considerable proportion of the cases of mental disorder constantly arising in which even from the commencement the morbid manifestations are of so pronounced a character that doubt does not for one moment arise regarding the proper course to be adopted; with such cases I do not propose here to deal—they do not come within the scope of the present communication. The Lunacy Act, 1890, although by no means a perfect Act in every respect, amply and intelligibly provides for dealing with them. It is, however, an altogether different matter when cases presenting less marked or pronounced symptoms occur in private practice. The ordinary medical attendant may well be at a loss to decide exactly what is best to be done to ensure his patients' well-being and safety consistently with the required "non-publicity," usually a first consideration with families under such circumstances. Naturally,

however, he proceeds to do all that he considers necessary for his patient: he may even feel obliged to turn the house temporarily into a kind of asylum, and by placing a sufficient number of attendants or nurses at once entirely deprive the patient of his liberty and ensure his safety. Yet under such circumstances I do not think the necessity for certification or notification would be suggested by anyone. But sooner or later a time probably comes when change from home surroundings is considered a necessity and then the conditions become entirely altered, the question not only of deprivation of liberty, more or less complete, but also of pecuniary payment for services rendered to the patient arises, and I think it is worthy of discussion whether from the moment it is decided to remove a patient from home care to the care of others, be they medical or other custodians, for payment that there should arise the necessity of some notification of the fact to a central authority, just as in all cases of admission to asylums public or private and hospitals such notification is required to be made within 24 hours.

In the absence of some such provision no opportunity is given for adequate supervision of the many hundreds of cases scattered throughout the country in unrecognised confinement, and ample opportunity is thus afforded for abuses, against which the Lunacy Acts, however stringently they may be framed, afford no protection.

I am, Sirs, yours faithfully,

Feb. 14th, 1899.

M.D.

THE ACCURACY OF THE MEDICAL REGISTER.

To the Editors of THE LANCET.

SIRS,—I have received a card requesting my interest on behalf of the widow of the late Frederick W. Wilson, M.B. Lond., who died at Blackheath in 1894. This name appears not only in Churchill's Directory for 1899 but in the Medical Register for 1898 published more than three years after the death of Dr. Wilson. I was under the impression that it was part of the duty of a registrar of deaths to send information to the registrar of the General Medical Council of the death of a medical practitioner registered by him. The name does not appear in the general register of the University of London. Why should it be retained in the Medical Register?—I am, Sirs, yours faithfully,

Feb. 20th, 1899.

M.R.C.S., L.S.A.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

Examples of Immunity from Plague.—The Progress of the Epidemic.—The Plague Commission.—A Proposed International Sanitary League.—Inoculation for Typhoid Fever.

EUROPEANS have the reputation of a partial immunity from plague. This seems to be borne out not only with regard to liability to infection but also with regard to their better chances of recovery. Quite apart from racial differences two other classes in Bombay have shown a remarkable immunity during the successive epidemics. These are the prostitutes and the street-sweepers. The former are chiefly resident in one of the most crowded quarters of Bombay and they consist of various races and nationalities. In the absence of any register it is impossible to give the precise numbers, but they are placed by those conversant with the district at between 6000 and 7000. Only one case of plague is said to have occurred among them. The medical officers and visiting justices actively engaged in searching for cases of plague found none among this class. These people come from various parts of India, from Bagdad, from Constantinople, from Persia, from Japan, and from South-eastern Europe. It is not very clear to what they owe their apparent immunity. The houses in which they live are described for the most part as clean, well-lighted, and well-ventilated, the doors and windows being kept open till the small hours of the morning. This alone, however, is not sufficient to account for the occupants escaping infection, because it is said that in the neighbouring streets as many as 27 bodies of the victims of the epidemic have been taken out of a few houses in one morning.