

Correspondence.

"Audi alteram partem."

WHAT IS A NATURAL LABOUR?

To the Editors of THE LANCET.

SIRS,—The amount of comfort which certain members of our profession derive from the consideration of the term "natural labour" reminds me of an old Scotch lady who was often heard to say that her existence would be quite insupportable but for that blessed word "Mesopotamia." Having occasion to speak on this subject at the meeting of the Lancashire and Cheshire Branch of the British Medical Association, held at Liverpool on Jan. 8th to consider the Draft Midwifery Nurses Bill of the General Medical Council, I thought it wise to submit the definition clause of that Bill, which contains the term in question and also some others of very vague import, to Messrs. Boote and Edgar, solicitors, Booth-street, Manchester, who kindly furnished me with a valuable legal opinion. The definition clause of the Bill reads thus:—

"Clause 2. *Definitions*.—In this Act the term 'midwifery nurse' means a woman who attends cases of natural labour and afterwards tends the mother and child during the lying-in period, under such rules, regulations, and medical control and supervision as may be from time to time laid down by the Midwifery Nurses Board."

The questions submitted, and the legal answers to the same, I append:—

Questions.—What is the legal significance of the term "natural labour" and the words "medical supervision and control"? Do the latter words necessarily imply medical assistance? Having regard to the meaning of these terms, what legal powers in restraint or regulation of practice have the Midwifery Nurses Board under this Bill?

Legal opinion.—"It is impossible to say what is the legal significance of the term 'natural labour.' If any question arose in a court of law as to its significance, the court would have to rely upon the evidence of experts—i.e., medical gentlemen. In all probability the words 'natural labour' would be defined to mean a labour which originated other than artificially—i.e., by the means of accident, drugs, or instruments, or other than in the ordinary course of nature. There is no special legal significance attached to the words 'medical supervision and control.' These words do not necessarily imply medical assistance, and it would be quite competent for the Midwifery Nurses Board to dispense with the same. How the ease or difficulty of a labour affects its perfect 'naturalness' is hard to understand, and I hope, in connexion with any proposed midwifery legislation, to hear no more of such a blockhead of a term as 'natural labour.' It is also very desirable that the Midwives Board should not have power to dispense with medical assistance, but that the obstetric functions of the midwife should be very clearly stated in the Act itself."

I am, Sirs, yours faithfully,

Salford, Jan. 11th, 1896.

W. FRASER.

"DEATH RETURNS IN THE STRAITS SETTLEMENTS."

To the Editors of THE LANCET.

SIRS,—I notice in THE LANCET of Nov. 2nd, 1895, which has just reached me, a letter from Dr. Simon, Registrar-General, Straits Settlements, dealing with certain statements of your Singapore correspondent. I regret that you did not consider it necessary to publish the letter on the same subject which you received from me along with Dr. Simon's, as it would have shown that, though your correspondent, in dealing with the Colonial Secretary's letter of June 14th, was in error in asserting that the medical officer of health had no information of the rise in the death-rate in April till June 1st, he would have been correct had he stated that the weekly statistics furnished to the health officer, giving no particulars of residence and no indications of zymotic disease, could not have guided that official in house-to-house visitations or inquiry as to concealment of infectious disease, the absence of such inquiry forming apparently the burden of the complaint of the local Government. I regret to have

again to trouble you with a letter on this subject, but, in justice to your correspondent as well as to myself, I feel that I cannot allow your editorial note that you had received from me a communication "to the same effect" as Dr. Simon's letter to go without correction. I enclose a copy of my former letter.

I remain, Sirs, yours faithfully,

W. R. C. MIDDLETON, M.B., C.M., D.P.H.,
Nov. 26th, 1895. Medical Officer of Health for Singapore.

[COPY OF LETTER OF OCT. 1ST.]

"To the Editors of THE LANCET.

"SIRS,—Permit me to correct a slight inaccuracy in the letter of your Singapore correspondent appearing in the issue of THE LANCET of Aug. 31st. Under the heading of 'The Government and the Municipality' your correspondent states that 'the death return for April was delivered by the Government to the municipal authorities so late as June 1st, that this was the first official indication to the medical officer of health that the death-rate in April was so unusually high.' This latter statement is incorrect. Weekly returns are furnished by Government to the medical officer of health from which the death-rate can be calculated. But these returns furnish only the causes of death and the numbers dying from each cause which are registered at the various police stations. No indication is given of the localities in which these deaths occur, and thus information is not supplied on a point of the first importance if any steps are to be taken to detect the existence and prevent the spread of epidemic disease. In the monthly returns furnished by the Government to the medical officer of health full information is given of the name, age, sex, nationality, occupation, residence, &c., but these returns only reach the medical officer of health in the latter half of the month succeeding that in which the deaths occurred, and thus may be too late for the adoption of any preventive measures. Were the particulars mentioned in the monthly reports supplied also in the weekly, a valuable aid would be given to the medical officer of health in the suppression of outbreaks of zymotic diseases.

I am, Sirs, yours faithfully,

W. R. C. MIDDLETON, M.B., C.M., D.P.H.,
Medical Officer of Health, Singapore.

"Singapore, S.S., Oct. 1st, 1895."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Nov. 2nd, 1895, which has just arrived, I notice a letter from Dr. Simon, Principal Civil Medical Officer and Registrar-General of Births and Deaths, Straits Settlements, in which he states that there are two misstatements in the "Notes from Singapore" which you were so good as to publish on Aug. 31st. Dr. Simon has, however, carefully avoided the main issues of the case, and has written in such a manner as to mislead those who are ignorant of the present inefficient method of death registration in vogue in these Settlements, and to which you yourselves had previously drawn attention in the columns of THE LANCET.¹ In the paragraph in the Singapore letter headed "The Government and the Municipality" I attempted to demonstrate not only the unfairness but also the absurdity of the Government in attempting to blame the Commissioners for want of attention and supervision on the part of their medical officer. The Governor was of opinion that, with the data given him, the municipal health officer ought to have suspected the presence of "some cause of death intentionally or carelessly kept back by the natives," &c.

Now, Sirs, let us see whether, with the data to hand, it can be expected that the municipal health officer is able to gain such information at a date early enough to be of any real service to the community. Every week the Registrar-General transmits to the municipal health officer a return of the deaths occurring within the municipal limits. Upon this Dr. Simon lays such great stress in his letter that your readers must consider that these returns are of a full and reliable nature. But are they? Certainly not, you will say when I inform you that the sole information recorded is the number of deaths and the causes of these notified at each of the police stations during the past week. It is only in the monthly returns that the name, nationality, occupation, &c., and, most important of all, the place of residence, are given. The weekly returns are practically useless as they are at present made out. The municipal health officer may suspect the prevalence of a fatal epidemic from the fact of an increased death-rate being recorded in a police district, but in the absence of the addresses of the deceased he cannot verify his suspicions until the monthly returns are forthcoming. What a hold an epidemic may obtain under these conditions may be well imagined, especially when one considers that in this special case the April returns were not available until towards the end of May. Surely when they had lain in the hands of the Principal Civil Medical Officer for a whole month some suspicion with respect to the unusually high death-rate might be expected to

¹ THE LANCET, Aug. 10th, 1895.

have arisen in his mind. Considering the facts of the case in an impartial manner, one is drawn to the conclusion that the onus of the delay in recognising the prevalence of cholera lies with the Government and not with the municipality. That such a delay in transmitting the monthly returns is not unique is proved by the fact that, at a meeting of the municipal commissioners on Oct. 23rd, the president apologised for his inability to present the returns for September, as they had not yet been received from the Registrar-General. On inquiry I find that they were received on Oct. 29th. Given reliable returns, the occurrence of a number of deaths in, say, one house would at once arouse suspicion. The house would be visited by the municipal health officer without delay, and the reason for the high death-rate might at once be discovered. It did happen that in these April returns, which arrived a month late, eleven deaths were found to have taken place within one house. So far as the system holds at present, these deaths were almost certainly recorded as deaths from "fever," of which the number was excessive in these April returns, whereas in all probability they were due to cholera.

In Penang there has been in vogue for the past five years such a weekly return as I now call for, and the plan works admirably. Why it should not obtain in Singapore, which is immediately under the eye of the Registrar-General, is beyond my comprehension. The fact is that the present system is an exceedingly imperfect one. Even although these weekly and monthly returns are published, one cannot rely upon their authenticity so far as the causes of death are concerned. This has been already shown by Dr. Dumbleton, a former medical officer of health for Singapore, in a paper which you have lately quoted so freely in your columns. The Government itself recognises this and has already published in the *Government Gazette* the draft of a "Bill to amend the Law with respect to the Registration of Births and Deaths," a copy of which I enclose. I trust that this Bill will come before the Legislative Council at an early date and that no further delay will be incurred in making it active.

With regard to your statement that you have received a communication from Dr. W. R. C. Middleton, Medical Officer of Health for Singapore, to the same effect as Dr. Simon's letter, I am exceedingly disappointed in that you did not think fit to publish it. As the writer of the "Notes from Singapore" allow me to subscribe myself—

Your obedient servant,

Singapore, Nov. 26th, 1895.

A CORRESPONDENT.

"WORD-BLINDNESS AND VISUAL MEMORY."

To the Editors of THE LANCET.

SIRS,—With regard to Sir William Broadbent's note¹ on my communication on "Word-blindness and Visual Memory," with your permission I should like to make a few brief observations. I have delayed replying until I was able to read over the cases referred to by him. Whilst at once admitting that previously to Kussmaul's article in Ziemssen's *Cyclopædia* attention had been directed to the condition subsequently termed "word-blindness," I still assert that "Kussmaul first clearly pointed out that blindness for words is capable of being met with clinically as an isolated condition." Kussmaul's words are: "A complete text-blindness may exist, although the power of sight, the intellect, and the power of speech are intact." In the cases referred to by Sir William Broadbent, and reported by him in the *Transactions of the Royal Medical and Chirurgical Society* before the publication of Kussmaul's article, the patients were unable to read printed and written characters, but in all of them there were other speech disturbances present—e.g., verbal aphasia or amnesia in a greater or less degree. In the case reported in THE LANCET of Dec. 21st, 1895, I have taken especial pains to point out that there were no speech difficulties whatever, the mental defect being strictly limited to an inability to recognise all the printed and written characters, which were previously known to the patient, with the exception of Arabic numerals, and hence my reference to Kussmaul as being the first to point out the possibility of such a condition being met with clinically.

I am quite in agreement with Sir William Broadbent when he states that the term "word-blindness" is somewhat misleading. In my communication I have stated that the terms

"word-blindness," "cécité verbale," and "Wortblindheit" are not sufficiently precise without further definition, as there are different forms which must be carefully distinguished from one another. When a patient cannot read it is altogether inaccurate and misleading to label it as a case of "word-blindness" without more detailed examination. Our increased knowledge of this condition now demands a more accurate description of the exact nature, character, and extent of any defect to interpret written or printed symbols. Sir William Broadbent asserts that "word-blindness" in his experience "has always been associated with inability to name an object presented to the vision, and that, if a man cannot name a watch, *a fortiori* he cannot name a word." Now it seems to me that he misapprehends the essential character of my case and of similar cases belonging to this class. In my patient the difficulty was not in naming the word, but in recognising the individual letters of which each word was composed. When a word was spelt out to the patient letter by letter he named it without a moment's hesitation, and when he learned to recognise the individual letters, again by persistent practice, he could read. Such cases, in my opinion, would be more correctly described by the term "letter-blindness." On the other hand, cases are on record where the patient, whilst recognising the individual letters, could not combine these into syllables and words, and even these cases may be divided into different categories. Hence it is evident that in every case where there is inability to read the symptom should be carefully analysed and the exact character and extent of the defect recorded. When we possess a larger number of accurately recorded cases it may be possible to arrive at a clearer classification and a more precise nomenclature, and I hope that in the future such cases will be subjected to a more comprehensive, rigorous, and exact examination than they have hitherto for the most part met with.

I am, Sirs, yours very truly,

JAMES HINSHELWOOD.

Elmbank-street, Glasgow, Jan. 11th, 1896.

THE HADDEN FUND.

To the Editors of THE LANCET.

SIRS,—Will you kindly insert in your next issue the enclosed list of subscribers to the above fund up to this date? These gentlemen have responded promptly to the appeal contained in THE LANCET of Jan. 4th, and I would ask all who intend to give their substantial support to Dr. Hadden in a matter which concerns the entire profession to do so without delay.—I am, Sirs, yours faithfully,

JAMES CRAIG,

York-street, Dublin, Jan. 13th, 1896.

Hon. Sec. and Treasurer.

	£	s.	d.		£	s.	d.
Dr. J. W. Moore, Dublin...	1	1	0	Sir C. Nixon, Dublin ...	1	1	0
Sir Thornley Stoker, President R.C.S.I. ...	1	1	0	Mr. Wm. Thomson, Dublin ...	1	1	0
Dr. E. H. Bennett, Dublin	1	1	0	Mr. Arthur Berson, Dublin ...	1	1	0
Mr. H. R. Swanzy, Dublin	1	1	0	Dr. McCutcheon, Dublin	1	1	0
Mr. Kendal Franks, Dublin ...	1	1	0	Dr. Jos. Redmond, Dublin	1	1	0
Dr. Walter Smith, Dublin	1	1	0	Dr. Bewley, Dublin ...	1	1	0
Dr. Wallace Beatty, Dublin	1	1	0	Dr. Wright, Dalkey ...	1	1	0
Dr. Duffey, Dublin ...	1	1	0	Dr. Huggard, Davos-Platz	1	1	0
Mr. O'Carroll, Dublin ...	1	1	0	Dr. David Hadden, Wexford ...	1	1	0
Dr. Parsons, Dublin ...	0	10	6	Sir C. Cameron, Dublin...	1	1	0
Mr. F. T. Heuston, Dublin	1	1	0	Sir P. C. Smyly, Dublin...	1	1	0
Mr. J. H. Scott, Dublin ...	1	1	0	Dr. J. M. Finny, Dublin...	1	1	0
Dr. C. E. Fitzgerald, Dublin ...	1	1	0	Dr. Pollock, Blackrock ...	1	1	0
Dr. H. C. Tweedy, Dublin	1	1	0	Dr. S. R. Mason, Dublin...	1	1	0
Sir Wm. Stokes, Dublin	1	1	0	Dr. P. W. Maxwell, Dublin ...	1	1	0
Mr. Bernard, Derry ...	1	1	0	Dr. W. Moore, Physician in Ordinary to the Queen ...	1	1	0
Dr. Drury, Dublin ...	1	1	0	Mr. J. B. Story, Dublin...	1	1	0
Dr. Harley, Dublin ...	1	1	0	Mr. E. S. O'Grady, Dublin	1	1	0
Dr. Craig, Dublin ...	1	1	0	Dr. J. J. Cranny, Dublin	1	1	0
Dr. Little, Dublin ...	1	1	0	Dr. John Murphy, Dublin	1	1	0
Dr. Grimshaw, President R.C.P.I. ...	1	1	0				
Dr. F. W. Kidd, Dublin...	1	1	0				

MEDICAL CERTIFICATES AND THE LONDON SCHOOL BOARD.

To the Editors of THE LANCET.

SIRS,—There is a widespread feeling abroad that the strained relations between the medical profession and the School Board in London on the subject of medical certificates are likely to be injurious to the public interests as well as to those of medical men. In conjunction with Dr. Ward Cousins and others I am trying to organise a meeting of those

¹ THE LANCET, Jan. 4th, 1896.