

determined to have the pound of flesh, and distrain if necessary on the goods of the four plaintiffs. I hope that the Members will at once respond to Dr. Thomas's appeal, not only to pay the £2000 owing for costs, but also to place the Association on a strong footing, so that Parliamentary action may be taken to secure for the Members that reform in the management of the College affairs which I feel confident they all desire. Subscriptions, however small, will be thankfully received by Dr. D. Thomas, Park Lodge, Paddington.—I am, Sirs, yours faithfully.

JOSEPH SMITH,

Vice President, Association of Members of
the Royal College of Surgeons.

June, 1892.

RHEUMATOID ARTHRITIS AND RHEUMATIC ARTHRITIS.

To the Editors of THE LANCET.

SIRS,—I have just read, in the account of the meeting of the Royal Medical and Chirurgical Society, held on May 24th, the report of Mr. Hugh Lane's paper on the above subject, and there are some points with regard to it about which I should like to be allowed to make a few remarks. Not having been present at the meeting, I must consequently depend upon the necessarily somewhat abridged report in the medical press. If, therefore, I should put words into Mr. Lane's mouth which he did not make use of, I hope that he will forgive me, and recognise the cause of my error. Now, in the first place, speaking of rheumatoid arthritis, Mr. Lane says that "it is a constitutional disease of debility, invariably having a history of phthisis or gout, or both." Apparently he holds that it is a tubercular disease, and the obvious question which indeed was asked was, "Has Mr. Lane ever demonstrated the presence of the tubercle bacillus?" Unfortunately the answer to this question was not reported, which is a pity; for it would be interesting to know, first, if the bacillus has been found in those cases in which there is a marked tuberculous history; secondly, whether it is present in other cases; and finally, what method of staining Mr. Lane finds most convenient. In my own experience at the Mineral Water Hospital I find that in this mysterious disease there is a family history of phthisis in a large number of cases; but I also find that there is a still larger class in which it is absent, and "invariably" is hardly the word which one would use to express the frequency of the connexion between the two. If Mr. Lane maintains that a history of phthisis or gout is invariably present, of course he would not recognise any cases in which such a history was absent as being rheumatoid arthritis. What will he call these, and where will he class them? A history of phthisis is probably found as frequently as it is in rheumatoid arthritis by virtue of the fact that it is a debilitating disease, and a very common one, and, moreover, one in which the debilitating influence is transmitted to the offspring; but beyond this I do not believe that there is any relation between the two. There are other causes which predispose to rheumatoid arthritis, as Mr. Lane allows, but there is one of considerable importance which he does not recognise, and this is acute rheumatism. I certainly think that this disease should be given greater prominence as a predisposing cause; for there are a large number of cases of rheumatoid arthritis where the symptoms have started from an attack of rheumatic fever, and I hope before long to be able to show in a tabulated form my grounds for this statement.

Next, with regard to differentiation. In rheumatoid arthritis Mr. Lane finds that the reflexes are normal or subnormal, whilst they are increased in rheumatic arthritis, "especially late in the disease." Now, it would seem, on the face of it, more probable that they would be absent in rheumatic arthritis "late in the disease," when, to use Mr. Lane's own words, "the resulting ankylosis is very firm." I have especially noticed the point of the reflexes for a long time, and I am quite certain of this: that, as a general rule, in rheumatoid arthritis they are distinctly increased, and that it is the exception for them to be subnormal. I quite agree with Mr. Lane in saying that rheumatoid arthritis is a disease of all ages; but it is rather comic that he should emphasise the point that in chronic rheumatic arthritis the young seldom suffer. There is one thing more. As a minor point in the differentiation, Mr. Lane says that "anti-rheumatic treatment never did any good"

in cases of rheumatoid arthritis. In my own experience, I find that in this disease the patient is liable to frequent attacks, accompanied by increased pain and swelling of the affected joints. Under these circumstances salicylate of soda is of great benefit, both for reducing the temperature and also relieving the joint troubles. But the fact that a case was benefited by salicylates would, of course, cause Mr. Lane to cease to recognise it as rheumatoid arthritis; it would be removed from the category of that disease, and, like others that have already been mentioned, would have to seek shelter in the class of the unknown. In conclusion, I trust that Mr. Lane will excuse my differing from him on a few somewhat important points; and I hope that he will believe that I am approaching this subject from a purely scientific standpoint.—I am, Sirs, your obedient servant,

PRESTON KING, M.D. Cantab.,
Resident Medical Officer, Royal Mineral Water
Hospital, Bath.

May 30th, 1892.

REGISTRATION OF MIDWIVES.

To the Editors of THE LANCET.

SIRS,—The following are a few of the reasons against the establishment of an order of "registered midwives":—1. All women *bonâ fide* practising at present must be admitted to the Register at commencement; hence no good can result for many years. 2. No women who choose to act as midwives can be prevented from doing so because not on the Register, provided they omit the word "midwife" from their cards or plates. 3. Any registered midwife would be able, if she think fit, to abstain from calling in medical aid in all cases; because, being legally qualified to attend "ordinary cases" without such aid, it would be practically impossible to decide where self-confidence begins to be culpable. 4. Experience proves that the education required of medical practitioners is too little always to ensure competent obstetric practice, and hence any lower standard of training is greatly to be condemned. 5. Obstetric practice, when in the hands of midwives alone, was unscientific in character and horrible in its results; and the establishment by law of a profession of midwives will hinder the gradual disappearance of a class dangerous to the community. 6. The establishment of a register will lower to an utterly insufficient minimum the training regarded necessary for competent obstetric nurses, and will thus render a lower standard prevalent generally. 7. The establishing of a new register conferring legal privileges and powers on those so registered will be unjust to those already entered on the registers of the British Nurses' Association and other bodies, which require a very high standard of training, and restrict the practice of those registered to the proper duties of nurses, acting under medical supervision. 8. The giving of legal sanction to the untrue and dangerous doctrine, that a very moderate amount of skill and training are sufficient for the due management of parturition, will lead to neglect in providing properly against the sudden, insidious, and frequent dangers which plunge so many homes in mourning. 9. The elevation of ignorant midwives into the position of "obstetric practitioners" will cause the obstetric art to be regarded with contempt, and lead to its neglect by the more highly educated members of the medical profession. 10. Every woman can at present obtain the skilled attendance of qualified medical practitioners at rates no higher than the wages of competent midwives, and hence there is no need for the less skilled attendants. 11. The demand for registration of midwives comes entirely from a number of West-end consultants and nurses whose knowledge of general practice is small, and whose motives are obviously not entirely disinterested; while there is no demand for it on the part of the public. 12. The mass of the medical profession (who are the best judges in the matter) regard the proposal as retrograde and dangerous to the public health, and they view the suggested legislation with the utmost abhorrence.

I am, Sirs, yours faithfully,

HUGH WOODS,
Master of Obstetric Art (Dublin)

June, 1892.

EXCISION OF CANCER HIGH UP THE RECTUM.

To the Editors of THE LANCET.

SIRS,—In your issue of the 4th instant Mr. W. H. Brown details an operation for the above purpose, in which the