

## CORRESPONDENCE.

## NEGRO LETHARGY.

SIR,—There is, I think, one possible cause for negro lethargy which might be added to those which you have suggested in your leading article on that subject in the *BRITISH MEDICAL JOURNAL* of November 29th. This sleeping sickness may be a mental condition. The chief element of sleep is that the sleeper does not perceive afferent impulses reaching him by his sensory nerves. It is common in the East for persons to become, for several years together, quite impervious to such impulses. Many Buddhists attain this condition by continual introspective contemplation: for example, during a siege in India a man who had sat outside the city walls for years remained seated, apparently neither seeing nor hearing the battle. Dr. Stephen Mackenzie, in the account of negro lethargy he gave at the Clinical Society's meeting, mentioned that sometimes the onset of the disease was associated with religious observances. Religious maladies are quickly spread, and this disease is common on the Congo. Perhaps the fact that it is fatal is against my suggestion, which is, however, I submit, worthy of consideration among the many others which have been offered.—I am, etc.,

Harley Street, W.

W. HALE WHITE.

## VACCINATION ERUPTIONS.

SIR,—I would seize the opportunity afforded by the publication in the *JOURNAL* of November 20th of a leading article and a report of a discussion on Vaccination Eruptions to try and make perfectly clear a point which I find is enveloped in some confusion in the minds of many practitioners. During the progress of evolution and maturation there are developed, and certainly not infrequently, benign transitory eruptions of a scarlatiniform, morbilliform, vesicular, or pustular type. They are most commonly morbilliform, and constitute, to adopt an obsolete nomenclature, the so called vaccine roseola or lichen. The different phases represent probably stages of one and the same inflammatory process, just as we see in eczema. The most intense phase is the vesicular. The following case, which has come under my observation a few days ago, is a good illustration. The vaccination of a child, aged six months, had been postponed from time to time, owing to the strong repugnance of the mother to the operation. On November 8th it was vaccinated in three places with calf lymph, and the vesicles ran a perfectly normal course. On the tenth day an itching, rosy, miliary, papular eruption appeared, and eventually covered the cheeks and extensor aspects of the forearms. On the cheeks many lesions vesiculated slightly, and on the arms they threatened to do so, but just stopped short of that stage. The eruption then declined, and the child was but very slightly disturbed in health. The vesicles were small, conical, and never umbilicate, and the affection was quite distinct from lichen urticatus. Are such eruptions to be considered a true specific exanthem, comparable to that of enteric fever, typhus, measles, scarlatina, etc? My own opinion is that they are not so to be regarded, and I point out their inconstancy, and the fact that some similar eruptions may occur after the introduction of various substances into the blood stream; for example, various septic poisons, excretory products in Bright's disease, many drugs, etc. The mechanism of their production I will not now discuss. To be carefully distinguished from the vesicular and pustular stage of this eruption is the much rarer outbreak of true vaccine vesicles, whether localised to one region, as an eczematous face and scalp, or the genitals, or more or less widely disseminated. The majority of such cases are clearly due to auto-inoculation, and though some of the more generalised cases are very remarkable, I am strongly inclined to think, from a perusal of the records, that they are really all cases of auto-inoculation.

Harley Street.

T. COLCOTT FOX.

## THE TREATMENT OF UTERINE MYOMA.

SIR,—There is no need for me to substantiate the criticisms I made against the method of recording cases adopted by the Drs. Keith in their book on the *Electrolytic Treatment of Uterine Tumours*. Let anyone look at the book itself, and they will see that their evidence is wholly useless for any satisfactory purpose. When Mr. Skene Keith says that my tables are manipulated, he leaves it quite open to me to retaliate by saying that it is only to

him that they so appear. My cases are recorded in consecutive groups of a thousand. From these groups many different lists of cases are selected for different purposes, and it is absolutely inevitable that some cases should appear in two, or it may be three or more, different lists; but these different lists in no way deal with the general mortality. In fact, I carefully mention the fact, and explain its necessity. To anyone accustomed to statistical investigation this necessity is well known, and may be easily illustrated. Thus, there are 365 days in the year; but, suppose it is advisable in a research concerning the weather to make a list of those on which the sun is seen, another of those days on which snow falls, another of those on which thunder occurs, etc., it would only be the work of an ignoramus to say that certain days had been counted twice or thrice over, and that therefore it was made out that there were more than 365 days in the year.

Mr. Skene Keith stands in a position different from all of us. He declares he has got something better than surgery, a something nobody else believes in. His case will be helped on by making his own appearances better, not by making those of others worse. The amount of pains he has taken to point out mistakes in my book is most amazing, and has evidently afforded him great satisfaction. The result is one error of comparatively trivial importance, which I shall rectify at once, and for the discovery of which I must express my indebtedness to him. I must also at the same time express my regret that it was overlooked, but it would be more than human to expect that my book should be quite free from error, seeing the enormous amount of material that I have to deal with.<sup>1</sup> Mr. Skene Keith must have read my book with immense care. Let us hope that the greater part of it—which by confession he admits is free from error—has given him a corresponding benefit in a happier direction. Meantime I am off to Italy for some weeks, and I shall leave all wrangling behind me with infinite satisfaction.—I am, etc.,

Birmingham.

LAWSON TAIT.

SIR,—Since Mr. Lawson Tait's note in the *BRITISH MEDICAL JOURNAL* of November 29th was no real reply to mine of November 22nd, I need not further occupy your space except to express my regret that he should have so needlessly introduced the name of Dr. Halliday Croom, to whom I had made no reference whatever, and who, so far as I know, had merely been the physician in previous medical charge of one out of the six cases which I ventured to criticise.—I am, etc.,

Manchester Square, W.

AMAND ROUTH, M.D.

## THE MIDWIVES REGISTRATION BILL AMENDED.

SIR,—I am happy to give Dr. Macdonald the definitions he desires. By "the poor," I mean those needy, necessitous women who cannot afford to pay two persons (the doctor and nurse) to attend them in their confinements, but can remunerate a midwife, who combines both offices, with a sum varying from 2s. 6d. to 10s. By a "safely competent" midwife I mean a woman who has been so far educated in elementary midwifery as to be capable of rendering the assistance necessary in normal labour, and of recognising the conditions requiring medical aid. If it were possible, I would have every woman attended by a duly qualified medical man, but as this cannot be, public safety and humanity demand legislative action to enable "poor" women to know whether those who call themselves midwives are "safely competent."—I am, etc.,

JAMES H. AVELING.

Upper Wimpole Street, W.

SIR,—Dr. Aveling and other supporters of the Midwives Bill admit that it will result in increased attendance by trained midwives alone on obstetric cases among those too poor to pay more than a guinea or half-a-guinea. Thus to deprive the poor of skilled medical attendance will, I believe, prove injurious to the public health. In proof of this, let me quote from the *System of Gynecology and Obstetrics*, by American authors (vol. i, part i, pages 64 and 65) the opinion of Dr. Engelmann as to the causes of excessive mortality among parturient women in private practice. He says: "But there are other causes. The attention of the scientific obstetrician has been given wholly to abnormal labour, and the management of all such cases has been perfected to the utmost; whilst the care of normal labour, as it occurs in the great majority of private cases, is neglected. The parturient suffers under the

<sup>1</sup> The death removed from the list of removals of appendages in 1881 appears now in the fatal cases of hysterectomy, where it is far more appropriately placed.