

into a farmyard where rabbits and poultry ran about. A few days after, one of the rabbits was killed, and slightly scratched the hand of the owner of the farm, who killed it. A few hours after his hand became very painful, the arm and hand became rapidly swollen, and death ensued three days after the scratch was inflicted.

The Lacaze prize of £400, given every ten years for the best essay on typhoid fever, has been awarded to Dr. Chantemesse and Dr. Vidal; the Jeunesse prize to MM. Wurtz and Bourges; the Barbier prize, £24, to M. Janat for surgical instruments, and Dr. Loewenberg, for an apparatus for measuring the tension of the tympanum.

MELBOURNE.

Sanitation of Melbourne.—Hospital Reform in Melbourne.—Actinomycosis, Tuberculosis and Cancer.—Bacilluria.

DR. GRESSWELL, our newly imported sanitary medical officer, has set himself to the task of cleaning the Augean stables of insanitary Melbourne. He has shown the greatest deference and consideration to his own profession, a fact which has assisted in securing for him a good deal of popularity and hearty co-operation. His recently published report on the sanitary condition of Melbourne reflects the greatest credit upon his ability and perceptive powers. In each instance his recommendations have been based on personal observation. With regard to sanitary inspections and the supervision of dairies, he insists on urgent reforms which are extremely practical and sensible. His report deals also with buildings, inadequate drainage, defective ventilation, and the want of proper receptacles for house refuse. For dealing with the disposal of excreta he advises the erection of desiccators and the institution of the double pan system. Dwelling on the importance of pure potable water as a condition of health, he observes that pollution largely takes place through leakage into the pipes where they are laid down in polluted soils. Mr. Mansergh, who came from London at the request of our Government, has devised a system of sewerage which will interweave with the suggestions made by Dr. Gresswell, and which, in combination, should make malodorous and insanitary Melbourne a city of health and sweetness. The importance of these reforms is apparent when we remember the fact that we have every year a total of 2,000 preventable deaths. At present our death-rate is 21.25 per 1,000 of the population, but we hope to see this number reduced to 10.0 per 1,000 before another ten years have passed. The cost of Mr. Mansergh's metropolitan sewerage system is estimated at £5,500,000. He declares for the sewage farm. Dr. Gresswell is now urging on the public the advisability of establishing an infectious diseases hospital. He remarks that during the first five months of the year 263 fever cases, most of them typhoid, had to be refused admission to the Melbourne Hospital, and 58 at the "Alfred," besides a considerable number at the other institutions.

A Royal Commission on Charities is at present sitting, and taking voluminous evidence on the administration of medical relief. It is composed of representatives of the leading charities, and it is somewhat feared that this very composition will rob it of the independence of opinion which it is naturally expected such a Commission should possess. For each member representing an institution under observation naturally resents criticism as if it were directed against himself personally. The hospital accommodation still remains for the accommodation of a city of 421,000 what it had been with half that number. A new hospital is now asked for, and the public will be called upon to subscribe largely, as it is regarded as unfair to appeal to the Government to bear the brunt of the expenditure. It is calculated that there is 1 in every 14.6 of the population seeking hospital relief. That is assuming, in round figures, the population to be about 500,000, there are 34,143 enjoying relief. The accommodation of beds is only 0.10 of the population.

Mr. Archibald Park, in speaking of human and cattle diseases in Australia, draws attention to the mistakes made in confounding tuberculosis in rabbits and cattle with actinomycosis. In Queensland, a peculiar form of cancer is found in the human subject, attacking the parotid region and ending fatally. It is more prevalent in the district where cattle are affected with actinomycosis, and medical opinion

tends to show that the disease is a similar affection to the so-called cancer in cattle. Actinomycosis is, next to pleuropneumonia, the most prevalent of chronic affections in Australia, and is constantly being mistaken for tuberculosis, an error which ought not to occur where careful microscopic examination is made.

In a paper read by Dr. Ross, of Warrnambool, he describes four cases of bacilluria, which had in common the discharge of bacilli by the urine, but in other respects showed great differences both as far as the bacilli themselves, and the clinical symptoms of the disease, were concerned. As he believes himself to be the first who has examined the matter bacteriologically, he claims the privilege of calling the bacilli in honour of the discoverer of the disease, "Bacillus Ureæ Roberts."

CORRESPONDENCE.

SENN'S DECALCIFIED BONE PLATES.

SIR,—At page 89 of the BRITISH MEDICAL JOURNAL of January 10th, Mr. Jessett criticises some expressions of mine in the Bradshaw Lecture, published on page 1468 of your last volume. He objects to the phrase "union of the two openings"—a phrase I did not employ. I said "approximation and union of the two openings," and I referred to Dr. Senn's pamphlet for details.

Secondly, Mr. Jessett says I am in error in stating that the plates are preserved in an antiseptic solution. Those I showed at the lecture were sent to me by Dr. Senn, and were so preserved. Mr. Jessett says they are "preserved in rectified spirit." Dr. Senn says he keeps the plates after decalcification "in a solution of equal parts of alcohol, glycerine, and water, which keeps them in a pliable, soft condition," and adds, "When the plates are to be used, they are washed in a 2 per cent. carbolic acid solution" (page 31 of his pamphlet).

Thirdly, Mr. Jessett says I was wrong in the statement that "the plates come away with the feces about a week after the operation." I did not say, or infer, that they pass whole. He says they are "absorbed and digested." Dr. Senn says, "The plates will come away with the fecal discharges about a week after the operation" (page 44). Let me ask Mr. Jessett, when he next criticises my sayings, to quote me correctly, and to study Dr. Senn's pamphlet before he ventures to interpret his meaning.—I am, etc.,

Upper Grosvenor Street. T. SPENCER WELLS.

MIDWIVES REGISTRATION BILL.

SIR,—I had hoped that any discussion on so important a subject as the above would have been conducted seriously, and I have read Dr. Aveling's letter with both regret and surprise.

He seems to consider it sufficient to meet my criticisms of the Bill by, in the first place, making two assumptions, both of which are absolutely erroneous; secondly, by a statement which is obviously equally incorrect, and concludes with a "hope," which he will find, by reason of the frailty of human nature, never can be realised.

Dr. Aveling says I have "not seen the Bill, and have contented myself with collecting the opinions of others." I beg to inform him I have the Bill before me, and that it was sent to me by a member of Parliament immediately on its introduction; that I have read very little of what has been written on the subject, and, therefore, if I reiterate the opinions of others, it only shows that if those who judge for themselves, as I have done, arrive at the same opinion as to the demerits of the Bill, there must be some good grounds for our objections. That I state mine in an "uninviting" form is a matter of regret to me; it is my misfortune that it should be so, but not my fault.

Next, Dr. Aveling says I would "enforce their examination (namely, of midwives), but say nothing about granting certificates, or registering them." Had he read my letter with any care, he would have observed that I state that "In Ireland each woman, on passing her examination at the end of her term of training, is given a certificate," and recommended that this system be introduced into England; and as to

"registration," I really thought most of my letter was about it.

Finally, Dr. Aveling "hopes" my "fears are groundless" that amongst the many thousands of women whom the Bill proposes to put on the Register "a good many will be guilty, or at least be accused, of drunkenness, incompetence, etc." In fact, he appears to infer that the moment a woman is registered she will be freed from the vices and defects which detract from the merits of ordinary mortals, and of which anyone who reads the papers knows that the women at present acting as midwives, and who are all to be registered as soon as the Bill becomes law, seem to have their full share. Among medical practitioners many are annually accused of "drunkenness, incompetence, and disgraceful conduct"; nor are such accusations confined to members of our profession. The Bar, and even the Church, have amongst their members not a few "black sheep"; but amongst the 15,000 uneducated women whom the Bill proposes to put upon the Register, Dr. Aveling appears to believe that the fear that any such should be found is "groundless."

Dr. Aveling admits that in Ireland "midwives have received more attention and been better educated" than in England, but he appears to be annoyed that one, who for forty years has taken an active part in bringing about this desirable state of affairs, "should kindly wish to help (Englishmen) with the management" of theirs. I am a registered medical practitioner, and my name appears on the same Register as does Dr. Aveling's, and I refuse to admit that anything touching the welfare of the poor in any portion of the United Kingdom is alien to me; and more, it augurs badly for the spirit in which the Bill is drawn if the authors of it refuse to accept "aid" in this new departure from, or even to listen with patience to the opinions of, those who, whether they are foreigners or only inhabitants of a distant portion of the same kingdom, have experience in the matter equal, at least, to that of those whose unbounded self-confidence has, ere this, wrecked many a good cause.

Dr. Aveling informs us that "some of the objections mentioned have already received attention," but no intimation has been given as to what these are. That alterations will be made grudgingly, and in consequence of the opinions of others—which I am glad to find must have coincided with my own—is self-evident, but when we are favoured with the knowledge of what these concessions are, I fear they will be found insufficient to meet the requirements of the case, and I trust that those who are really interested in endeavouring to establish a class of properly educated midwives throughout the kingdom, and who are not tied down to the idea that registration alone will effect this, will unite in their efforts to have this Bill remodelled. Remember all that is at stake: that it is the lives of helpless infants, and nearly as helpless women, whom this Bill proposes to hand over to the tender mercies of uneducated women, protected, as they will be, by its provisions, except, perhaps, under extraordinary circumstances, from the fear of any punishment for misconduct.—I am, etc.,

LOMBE ATTHILL.

Dublin.

SIR,—I think it will be agreed that it is unnecessary for me to go further into Dr. Aveling's *nihil ad rem* answer to my question. The fact remains that no woman need be without skilled assistance at the time of labour in this country.

With regard to statistics, I will simply remark that it is fallacious to compare statistics taken from the results of lying-in charities with those of general practice, because the wards of the hospital are always available for any cases which are thought proper for admittance. In private practice such cases have to be dealt with on the spot, however bad the hygienic surroundings may be.

Looking at the maternity statistics of foreign countries, where midwives are more generally employed than in this country, the introduction of midwives does not seem encouraging: and I should like to know why Dr. Aveling has not given us the death-rate in maternity cases in Ireland, where the condition of things exists which Dr. Aveling desires to see here. He has still to prove that the introduction of a second-rate class of practitioners will lower the death-rate in private practice.—I am, etc.,

Hatfield, Herts.

LOVELL DRAGE.

DUPUYTREN'S CONTRACTION OF THE PALMAR FASCIA TREATED BY HYPNOTISM.

SIR,—The cure of a case of contracted fingers under the influence of hypnotism, recorded in the BRITISH MEDICAL JOURNAL of January 10th, was accomplished in a manner so simple and apparently so effectual that the further development of the method will be watched with interest. If Dr. Kingsbury obtains the same success when he has applied this treatment to the more severe and more common forms of Dupuytren's contraction, he will have made an improvement in the means of cure that will be joyfully welcomed by the patients, if not by the surgeons, and will justify his claim to an original conception. It is very desirable that its effect upon the ordinary Dupuytren's contraction should be known, for the case presented by Dr. Kingsbury can hardly be considered a typical example of the affection; and, indeed, a heartless critic might object with some plausibility to admit the case to this category.

The case treated by Dr. Kingsbury was first hypnotised, and then the fingers were extended—I presume, forcibly extended. The cataleptic trance was induced apparently as a ready and harmless means of procuring insensibility. It cannot be supposed to have had any direct local influence, for in cases of Dupuytren's contraction the fingers are absolutely rigid, even during the deepest chloroform narcosis.

Heretofore gradual extension without incision of the fascia has not been satisfactory, and it was the indifferent results obtained by mechanical extension that rendered the treatment by incision so general. Of the forcible and sudden extension employed by Dr. Kingsbury less is known. It has been in use on the Continent from time to time, and a case, treated in this way without success at Vienna, was subsequently dealt with by Kocher after his own method.¹ A gentleman, suffering from some gouty trouble, came under the care of my colleague, Dr. R. W. Burnet, two years ago, after he had been treated for contracted fingers by forcible extension at Aix-les-Bains, and cured, but the cure was not perfect, nor at all comparable to the result of subcutaneous division.—I am, etc.,

Queen Anne Street, W.

J. MACREADY.

ESTIMATION OF URIC ACID BY HAYCRAFT'S PROCESS.

SIR,—Mr. Gossage² thinks that I do not appreciate the exact position of affairs. May I in reply state what I take to be that position, namely, that Mr. Gossage's assertion that his criticisms rest on the results obtained by "some other method known to be reliable" contains a pure assumption, and begs the whole question?

To take one method and assume that it is correct, and then criticise another method because it does not give identical results, is a form of argument which is obviously open to both sides.

Further on Mr. Gossage is so good as to tell me why Salkowski's method is more accurate than Haycraft's, and the reason appears to be that Salkowski produces his uric acid down on the nail, "making allowances for errors of crystallisation."

No doubt if Salkowski produces 3 grains of uric acid by his process, the urine in question contained no less than this quantity: but when it comes to making allowances for errors of crystallisation, even if no other allowances should be made for errors of manipulation in a long process, there is some room for doubt as to the real amount of uric acid present: in other words, Salkowski's process cannot claim absolute accuracy, or be set up as a standard.

While, however, I deny infallibility to Salkowski's process, I do not claim it for Haycraft's; the whole object of the paper which Mr. Gossage criticises being to point out that Haycraft's process is sufficiently short and simple for clinical use, and sufficiently accurate for comparative purposes, in which, as Mr. Gossage will recollect, I have Hermann with me. It really matters little to me what process is used, as any of those at present in vogue will serve to demonstrate my results; but as five years' experience has convinced me that Haycraft's process is clinically useful, I endeavoured to point

¹ *Centralb. f. Chir.*, No. 26, June 25th, 1887, s. 485.

² BRITISH MEDICAL JOURNAL, January 10th, 1891, p. 88.