on many occasions I have advised the removal of a catheter from the bladder with much relief to the patient's suffering.

The ingenious plan which Mr. Teale adopted of draining the bladder in cases of excision of the urethra is, I would respectfully submit, only necessary in a few exceptional cases; at the same time his method is, in my opinion, a distinct advance upon the usual means of draining the bladder by tying a catheter through the meatus in cases of urethrectomy. I have latterly adopted the same plan of treatment in urethrectomy as that taught by Mr. Teale in "perineal section," and the result has been all that one could wish.

In the three cases of traumatic stricture which I have excised I allowed the patients to pass their urine over the newly-united urethra as soon as the act of micturition became necessary. Two of my cases were reported at the last annual meeting of the British Medical Association, and my third case is, I think, worthy of notice, as it occurred in a man aged 61; no instrument could be passed through the stricture, neither would air pass beyond it in examination with the aëro-urethroscope. The case was of six months' standing, and the ends of the completely torn urethra had become fixed in different planes, having a small sinus between them to allow the escape of urine. The immediate result was most gratifying to the patient; a full stream replaced the constant dribbling of urine, and there was no irritation of the bladder or any psychical disturbance during the ten days he remained in the nursing home.

In my cases of urethrectomy I periodically examine the calibre of the urethra with the aëro-urethroscope, and so far I have found no indication for the passage of any instrument, as there is apparently no liability to further contraction after the first month from the date of the operation.—I am, etc.,

Cardiff, June 15th. J. LYNN THOMAS, C.B.

IDIOPATHIC DILATATION OF THE OESOPHAGUS.

SIR,—It seems clear that traumatism played a definite part in the production of the idiopathic dilatation of the oesophagus in the case referred to by Mr. Lockwood in the BRITISH MEDICAL JOURNAL of June 13th, but I question whether the suggestion as to its nervous origin in association with the existence of a movable kidney is at all probable.

The occurrence of movable kidney after a distinct fall or blow is fairly common, and various well-known reflex nervous phenomena may follow; but idiopathic dilatation of the oesophagus is a rare condition, and its association with movable kidney must be so infrequent that their relation in the sense of cause and effect is highly problematical. In the particular instance referred to it appears most likely that the co-existence of a movable kidney and idiopathic dilatation of the oesophagus is a coincidence; for, although a movable kidney was found after the accident which preceded the difficulty in swallowing, I find from my private casebook that the patient had previously suffered from, and had worn a belt for, a movable right kidney.—I am, etc.,

Clifton, Bristol, June 15th. JAMES SWAIN.

DIPHTHERIAL INFECTION IN POST-SCARLATINAL EAR DISCHARGES.

SIR,—In the BRITISH MEDICAL JOURNAL for June 13th you published an annotation on a paper in the current number of the *Journal of Pathology and Bacteriology*, by Dr. Duncan Forbes, under the above heading. Although it is true that a considerable number of scarlet fever patients do undoubtedly suffer from a concurrent diphtherial infection, I think it would be advisable to await a fuller account of the tests employed by Dr. Duncan Forbes for determining the true nature of the bacilli isolated by him from the ear discharges at Monsall Fever Hospital, before concluding that they were true diphtheria. It is the experience of all bacteriologists who make frequent examinations of the noses and ears of patients, that a bacillus morphologically indistinguishable from the short diphtheria bacillus, but non-virulent, and not forming acid in glucose litmus broth, in fact a pseudo-diphtheria bacillus, is met with in a very considerable number of cases. The statement that "patients suffering from an infected ear discharge show no clinical signs of diphtheria," and that "antitoxin acts neither as a prophylactic nor a curative agent" in Dr. Duncan Forbes's cases points to the bacillus described by him being of this nature. Seeing that the relation of the pseudo-diphtheria bacillus to the Klebs-Loeffler bacillus is as yet undecided, and its power to set up true diphtheria problematical, it would be wise to refrain from speaking of this infection as "diphtherial" until more conclusive evidence has been produced that the organism isolated was in fact the diphtheria bacillus.—I am, etc.,

P. J. CAMMIDGE, M.B.Lond.,
County Bacteriologist for the West Riding of Yorkshire.

Wakefield, June 15th.

THE PROGNOSIS AND CURABILITY OF EPILEPSY.

SIR,—As I do not wish to pose as a pessimist with regard to the results of the treatment of epilepsy, may I be allowed to explain that the opening sentence of my remarks upon Dr. Aldren Turner's paper at the Royal Medical and Chirurgical Society (as reported on page 1374 of the BRITISH MEDICAL JOURNAL of June 13th) had reference exclusively to cases in an asylum for idiots and imbeciles, of which I was formerly superintendent? By way of confirmation of Dr. Turner's statement that the gloomy views of the French writers on the subject were in great measure due to their statistics having been gathered from cases in asylums, etc., I mentioned that I could only call to mind one case of permanent cure, judged by Dr. Russell Reynolds's standard of freedom from fits for from four to eight years, amongst some 120 cases treated by bromides, borax, and other remedies at the Royal Albert Asylum; but I did not intend to imply that the results were equally unsatisfactory in the case of patients not mentally affected.

With reference to the School Board statistics, I may perhaps be allowed to add that the 40 per cent. of the 340 epileptic children seen in my first investigation of these cases reported as requiring special institutional treatment, comprised only such as seemed likely to benefit by education as well as care in a boarding establishment under medical supervision; and that there was a residue of 15·5 per cent. only fit for hospitals or asylums. Further epileptic children were subsequently seen, and in the aggregate 470 were reported on, and I think I should be justified in estimating that it would be beneficial for at least 200 children known to the school authorities of the metropolis to be educated in a special residential school for epileptics, such as is contemplated under the Defective and Epileptic Children's Act passed in 1899, but which, owing to its exacting requirements as to the small size of houses of residence (which must each not contain more than fifteen, and can only be grouped four together), has hitherto remained a dead letter, much to the detriment of the rising generation of epileptics. The majority of these poor children are not educated at all, or are being educated under inappropriate conditions; and as experience shows that a healthy locality, outdoor occupation, and regular instruction of a proper kind are valuable factors in the successful treatment of epilepsy in the young, it seems high time that these obstructive requirements should be relaxed.—I am, etc.,

Richmond, Surrey, June 15th. G. E. SHUTTLEWORTH, M.D.

THE TRAINING OF MIDWIVES.

SIR,—As a country general practitioner holding office as medical officer under the Local Government Board in a densely-populated district, I have had naturally many opportunities of observing the practice and manipulations of the class of midwives who were supposed to attend the poor in my district, and who were expected to send for me when any difficulty arose. They were, no doubt, well-intentioned women, but their ignorance was intense, and the results in many cases disastrous to their patients. Every Poor-law medical officer will bear me out in this statement I feel assured.

For the last seven years the people here have had the advantage of the services of a qualified midwife and her assistant, both ladies, and the condition of the suffering poor has been immensely relieved by their care and knowledge. Personally, I am thankful that the Obstetrical Society and the Government are taking up the matter of qualified midwives, but I do think that besides the necessary curriculum of work in a lying-in hospital the Obstetrical Society should require that the candidates for the L.O.S. should present certificates of having attended a course of general nursing for at least a year.—I am, etc.,

A COUNTRY DOCTOR.

RESUSCITATION OF THOSE DEPRIVED OF AIR.

SIR,—Reading Professor E. A. Schäfer's paper, as reported in the BRITISH MEDICAL JOURNAL of May 30th, p. 1259, I am particularly struck with the want of practical suggestions for the use of the student of medicine. Those also who joined