

cleared up under treatment, leaving a sterile urine. There was no pyelonephritis in either case. The bladder was allowed to heal up when the second stage commenced, and in one case the patient eventually regained voluntary control for ten minutes after the call.

One final word. I protested against Colonel Fullerton attributing to Dr. Fearnside's work done by myself. To this he replies that "Dr. Fearnside's excellent article is familiar to everyone as chiefly a review of all previous work." Possibly it may be; but this does not explain, and certainly could not excuse, Colonel Fullerton quoting the words I wrote, and placing them under "Dr. Fearnside's points out."—I am, etc.,

London, W., March 11th.

J. W. THOMSON WALKER.

THE STATICS OF THE FEMALE PELVIC VISCERA.

SIR,—As my name was mentioned in your columns of March 1st by the reviewer of a book on the statics of the female pelvic viscera, I must say that I have not noticed any change in the structure of the female pelvis. Why discuss *ad nauseam* matters that have been settled by direct observation and experiment? My own work and that of others has been described in my article in Eden and Lockyer's *System of Gynaecology*, and in various other places. But let me say once more that if you will take any case of uterine prolapse and remove the upper half of the anterior vaginal wall, going well back on each side of the cervix, you will expose the two lateral fibromuscular pedicles of the uterus, the parametria, which carry the blood supply of the organ ensheathed in connective tissue and unstriped muscle. If you will now amputate the cervix and stitch together in front of the stump thereof the tissues you have cut away from the sides thereof, you will cure the prolapse so far as the uterus is concerned. The lower part of the vaginal walls and the perineum may require attention; but it is the chain that keeps the dog at home and not the gate of the garden. Stitching the edges of the levatores together is a step in the repair of the perineum; but to rely upon it for the cure of prolapse of the uterus would be like offering garters to a man who requires braces.

A writer in the *Medical Press and Circular* stated the other day (February 19th) that "the cure of prolapse is still a problem." But surely each should speak for himself. I know a dozen operators to whom the cure of prolapse presents no problem, but who secure it with monotonous regularity without using either clumsy devices like interposition or suspension done by the abdominal route. When one has to deal with six or eight cases of a mechanical condition every week, year after year, one naturally discovers the quickest and easiest way of securing both good immediate results and freedom from recurrence.

These things are on view at St. Mary's Hospital every day except Sundays, and also at the Manchester Royal Infirmary on Tuesdays and Fridays.—I am, etc.,

Manchester, March 10th.

W. E. FOTHERGILL.

METHODS OF INFANT FEEDING.

SIR,—In answer to Dr. G. H. Hickling's letter, the point about which we do not agree is the interval between feeds. Perhaps I did not make it clear enough that the two-hourly interval was only for the first few weeks of the infant's life. I quite admit that it is frequently possible to lengthen the times between feeds to three hours after the first three or four weeks, provided that the baby is satisfied, gains weight, and sleeps well at night.

In reply to Dr. Hickling's point that mothers of the working class do not have time to feed their babies two-hourly—it is my experience that these women always have someone staying in the house to help them for the first three or four weeks, and it is easy for the mother who is in bed to feed the baby while the other woman does the work; it is much better and more restful for her to do this than to hear the baby crying. For many young babies, even if they are allowed to take as much as they like, cannot hold sufficient to last them the three hours, consequently, they wake up about two hours after a bottle and cry, till the next feed is due. If it is reasonable to say that babies require different amounts of food, it is surely common sense that some have a naturally smaller capacity, and so one baby may do well on three-hourly feeds and another badly—four-hourly feeds of course are very much worse.

But the main object I had in writing on this subject was to draw attention to the fact that the *total quantity of food* given to babies at many hospitals and infant welfare centres is quite inadequate. I have known of a 10 lb. baby fed at three-hourly intervals, giving a total of seven feeds in the twenty-four hours, and getting only 2 oz. a feed during the second week—that is, a total of 14 oz. of food a day, which I am sure Dr. Hickling will agree is, to say the least of it, insufficient. It is the small measured feeds without making any allowance for the size or natural appetite of the baby which I so strongly condemn. It is babies fed on this plan to whose pitiful cries I referred, for I have lived in the same house with them, and suffered much in consequence.—I am, etc.,

Limpfield, March 7th.

G. D. LAING.

HOSPITALS FOR MIDDLE-CLASS PATIENTS: THE RED CROSS SOCIETY.

SIR,—The desirability of providing pay hospitals for middle-class patients has often been pointed out, and many who are in favour of such hospitals will be interested to hear whether the Red Cross Society will indirectly help such a scheme.

Very many patients of the middle classes are quite unable to pay the charges of the average nursing homes during a prolonged illness. If admitted into a general hospital, as paying patients, they occupy beds which ought to be reserved, and are badly needed, for the poor; and other very important objections could be added. Some patients are able to engage a trained nurse, but for many this is most difficult and inconvenient, owing to the extra strain in the cooking, etc., for the nurse thus thrown on the household; and in these times so often the help of a servant, or of an additional servant, cannot possibly be obtained.

Pay hospitals for patients of this class, where the charges would be under four guineas weekly, and reduced to the lowest possible amount, would be most helpful. In all such hospitals the patients should, of course, be treated by their own private medical attendant, who would be paid by the patient separately for his services. The need for such hospitals is greatest in medical cases, especially in prolonged illnesses, and it has never been greater than during the last twelve months. The difficulty in such a scheme is the practical one of the expenses. At first no doubt, in these times, the difficulty would be great, but by careful management the money paid by the patients would soon clear the expenses; it could not do more. We have also the difficulty of finding a committee willing to attempt such a scheme.

Possibly the Red Cross Society might be willing to help indirectly. In all our large towns many Red Cross hospitals will soon be closed. Large numbers of Red Cross nurses and men of the R.A.M.C. will soon be discharged, and we have now a favourable opportunity for the trial of such a scheme. In some of our large towns one such hospital, with a staff of Red Cross nurses and men discharged from the R.A.M.C., might be retained as a pay hospital for middle-class patients, under the charge of a special committee.

It is to be hoped that medical men and others who may be able to advise the Red Cross Society will urge the careful consideration of this matter at an early date.—I am, etc.,

March 5th.

R. T. W.

THE SELECTION OF RESEARCH WORKERS.

SIR,—The following figures may be of interest: During my fifteen years as head of a laboratory I have had 37 researchers associated with me. Each of these was selected by open competition. Of the 37, I should, roughly, grade 12 as being "first class," and 5 of these found it necessary to give up research owing to lack of prospect in that direction; 11 I should grade as "good, sound workers," but not first-class brains (possibly the "laborious mediocrities" of your leading article of last week), and of these ultimately 6 passed into medical practice for financial reasons; 14 proved unsuited for research after a careful trial.

Various morals might be drawn from these figures, but,