

one-third to the amalgamated charities. It is thought that this will be the best way of increasing the amount of the collection. A resolution to this effect has been sent to the committees of all the hospitals concerned, and in each case the committee has concurred with the proposal.

At an extraordinary meeting of the Board of Delegates in connexion with the Birmingham Hospital Saturday Fund, which was held on July 13th, it was shown that Hospital Saturday was as much appreciated as ever, since the total amount of collection up to date for this year was £18,078 18s. 10d. from 1,918 firms. This is about £200 less than for the corresponding date of last year; but when it is borne in mind that trade has not been so good this year as it was last it is wonderful for such a large sum to have been raised.

The annual report of the health of the city, just issued, has been compiled by Dr. Alfred Hill, who was Medical Officer of Health until September 30th, 1903, and his successor, Dr. J. Robertson. The population of the city, as estimated on June 30th, 1903, was 533,039. The death-rate during the year was the lowest on record, being 17.2 per 1,000, as against 18.0 in the previous year, and 20.0 for the previous ten years. This rate, as the report says, is probably lower than in any other year since Birmingham emerged in the distant past from the condition of a village into that of a small town. The prevention of small-pox has caused a considerable amount of anxiety, and although it has been repeatedly introduced into the city during the year, it has on no occasion been prevalent. The zymotic death-rate was 2.32 per 1,000, as compared with 2.60 in 1902. The birth-rate was 31.7 per 1,000; this is the lowest on record except in 1894, when it was 31.6. With regard to this continued decline in the birth-rate, it has been shown that it has very little relationship to the marriage-rate, and is associated only to a slight degree with the increasing number of persons marrying later in life than formerly. No arrangements have been made as yet for the curative treatment in sanatoria of patients of the poorer classes who are suffering from consumption. It is suggested in the report that, in addition to the sanatorium for the curative treatment, it may be necessary to provide accommodation for those cases of pulmonary tuberculosis which cannot be properly looked after at their homes, and which are in a highly infectious condition.

During the year 1903, out of 9,123 deaths from all causes, 1,025 were due to tuberculosis in some form or other. This shows how very prevalent the disease is in the city, since 1 death out of every 9 is due to this cause. Of this number of deaths from tuberculosis, 754 were due to phthisis.

The annual report of Dr. A. Bostock Hill, Medical Officer of Health to the Warwickshire County Council, has just been issued. Great stress is laid upon the diminishing birth-rate, which was 26.34 per 1,000, as compared with 27.07 and 27.84 in the years 1902 and 1901 respectively. The county rate was below the average of England and Wales, which was 28.4. The death-rate for the year was 13.69, which is slightly below that of England and Wales. There were 130 cases of small-pox notified, but they were very mild and only 3 deaths occurred from this disease. Dr. Hill especially calls attention to the fact that measles is the most fatal of the infectious diseases of childhood, and points out that more care should be taken to prevent the spread of the infection from one family to another. During the year, 1,197 deaths of children under 1 year of age were registered, which is equal to an infantile death-rate of 125 per 1,000. This is rather high, but when it is remembered that a large proportion of the population is employed in such occupations as mining, this rate is by no means unsatisfactory.

The Committee of the Lying-in Charity has applied to the Central Midwives Board for the recognition of the institution as a training centre for Birmingham and the district. As already announced, it is proposed to build a central home from which the work can be carried on, and a freehold site was procured last year in Loveday Street for this purpose. The amount necessary for the building and equipment of such an institution is estimated at over £5,000. There are over 200 women practising in Birmingham as midwives. Up to the present the Lying-in Charity has been restricted to home nursing, but in the proposed institution there will be accommodation for 24 cases, and it is hoped that efficient training may be given to at least 12 women annually. Many of the deaths of mothers in child-birth and of the children are preventable, and a great deal of the blindness and impaired eyesight of children is due to the absence of proper treatment at birth.

CORRESPONDENCE.

A PESSIMISTIC VIEW OF THE FUTURE OF OBSTETRICS.

SIR,—The Midwives Registration Act has obviously been the cause of much emotional enthusiasm of late and always. The members of the medical profession have, however, to face a serious problem in connexion with the consequences of this legislation.

It will be well if serious consideration of the subject is commenced at once and not deferred until the College of Physicians is in a position to deal another serious blow at the well-being of the great mass of the profession.

It is not my intention in any way to traverse the conclusions at which the Midwives Board has arrived, but rather to suggest what steps can be taken and should be taken with a view of meeting the course of events before this course has run to its inevitable conclusion—that the practice of midwifery must be eventually in the hands of the midwives and of a few persons who practise midwifery as a special branch of their profession. No self-respecting practitioner will desire to undertake the work under the conditions which must eventually obtain in this country.

Such being the view taken, there does not appear to be any sound reason for the retention of the subject of midwifery as an obligatory subject of study. The majority of medical practitioners will no longer possess the material upon which to gain a sufficient experience to justify them in undertaking cases of labour which require first-class knowledge. It will be to the interest of all, if those who desire to practise midwifery are subjected to a special test of knowledge and that only those who obtain the certificate of being sufficiently able in the subject should be summoned to the midwives' assistance.

The very eminent collection of individuals who compose the Midwives Board would naturally command the confidence of both our own profession and the calling of midwives. I see no reason, therefore, why it should not be constituted as the Board of Examiners of the subject of midwifery, and why the universities and corporations should not be relieved of examining candidates for a subject which, except in its surgical aspect, is considered by this authority to be in sufficiently capable hands when the examination can be conducted with safety by those who are, to some extent, trained, but in a very small degree educated.—I am, etc.,

Hatfield, July 14th.

LOVELL DRAGE.

THE CONSTITUTION OF THE CENTRAL MIDWIVES BOARD.

SIR,—My old friend, Professor C. J. Wright, of Leeds, in his interesting presidential address before the Yorkshire Branch, has fallen into an error in regard to the constitution of the Central Midwives Board. He speaks of the Board as "consisting of nine members, of whom three must be non-medical women." There is no provision in the Act to this effect. It is not stipulated that there shall be even one non-medical woman. All the members of the Board *may* be, and four of them *must* be, registered medical practitioners. Eight out of the nine members may be either men or women; one member *must* be a woman, but the Act does not say that she shall be non-medical. It happens that three of the present members of the Board are non-medical women, but this is by choice, not of necessity.—I am, etc.,

London, W., July 17th.

C. J. CULLINGWORTH.

IS HYSTERECTOMY GENERAL SURGERY?

SIR,—As one specially interested in obstetrics and gynaecology, it was with some surprise that I read in your summary of the prospective proceedings of the various Sections at the annual meeting to be held at Oxford that the Surgical Section was to discuss the subject of the indications for, and methods of, hysterectomy; while in the Medicine Section a discussion is to be held as to the association of heart disease and pregnancy.

It seems to me that these subjects would be more appropriately discussed in the Section of Obstetrics and Gynaecology. Medicine and surgery have such an enormous pick of interesting subjects that it seems unnecessary they should trench on the domain of the infinitely smaller branches.

Doubtless the subject of heart disease and pregnancy is of interest and importance to the general physician, and his