compilation of them was the work not of women but of men. There is no evidence for the existence at any time of a department for the diseases of women at Salerno. There is no evidence that women were "admitted" to the "university" in the twelfth century and very little that they were admitted at any other time.

St. Hildegard did not die in 1179, but was alive and in fairly vituperative health at that date. The medical writings ascribed to her are but doubtfully hers. So far from disclosing a better knowledge of science than those of any writer of her time, they exhibit in fact backward material, and are far inferior to the translations being made from the Arabic by her contemporary Gerard of Cremona. The main interest to historians of the "scientific" works ascribed to Hildegard is precisely that they give a glimpse into the medicine of an earlier age than her own. In other words, their backwardness is their chief value. From the historian's point of view their chief drawback is, however, that they are not quite backward enough, for much that is in them can be traced to other sources.

Lastly, it would perhaps be needlessly harsh to recall the fact that the life of *Saint* Hildegard was not altogether saintly, were it not that the Roman Catholic Church, to which she adhered with greater vehemence than orthodoxy, has itself promulgated this conclusion.

If Dr. Roche seeks evidence for these revisions of opinion he will find it in the very extensive scientific literature on Salerno and on Hildegard that has appeared during the last quarter of a century. This literature will incidentally reveal to him the fact that the imperfect edition of the works of St. Hildegard that appeared in 1882 was, with the exception of a single text, printed from earlier editions. Reuss was not its editor, though he did write an introduction to this single text.

It appears to me that the time has arrived when wild and undocumented statements concerning mediaeval medicine should cease to be bandied about. While such treatment of historical problems is liable to injure the cause of historical truth in general, it is certain to detract from the interest and value of medical history in particular.—I am, etc.,

London, W.C.1, Oct. 10th. CHARLES SINGER.

SURGICAL TREATMENT OF MITRAL STENOSIS.

SIR,—We have to congratulate Mr. Souttar on successfully introducing a finger through the mitral valve of a living subject (BRITISH MEDICAL JOURNAL, October 3rd, p. 603).

Examination of specimens at this hospital has shown us that in some young subjects mitral stenosis can be very extreme, the valve orifice barely admitting the tip of the little finger. Moreover, the fused cusps in these cases are often consolidated into a hard mass almost cartilaginous to the touch, the auricle is ballooned out, behind a ventricle starved of blood and withered in consequence.

Such cases are rare, but appear to us to be those calling for surgical relief of the obstruction. The tenacity of the valve mass necessitates the use of a cutting instrument.

In selecting cases of such high degree of mitral obstruction electro-cardiograms form an important part of the examination.

We would refer to some papers we published last year—the technique of mitralotomy in the *American Journal of Surgery*, May, 1924, and the relief of mitral obstruction, *New Zealand Medical Journal*, June, 1924.—We are, etc.,

J. STRICKLAND GOODALL.
L. C. ROGERS, F.R.C.S.Edin.

National Hospital for Diseases of the Heart, London, Oct. 6th.

SIR,—I read with great interest Mr. Souttar's account of his operation on a case of rheumatic carditis (October 3rd, p. 603). I was not surprised to read that the mitral orifice was not found to be greatly stenosed, partly because of the physical signs he so well describes, and partly because, having observed some few children with progressive mitral stenosis over a number of years, I think it is seldom that a true cicatricial stenosis is established during childhood at all.

It is still quite insufficiently realized that the predominant feature, not only of rheumatic carditis in childhood, but also, in severe cases, of the heart failure which follows it, is infective (that is, rheumatic) myocarditis, and not any merely mechanical deficiency of the valves. The close relation that undoubtedly exists between mitral endocarditis and heart failure due to progressive myocarditis has not yet been fully worked out, but possibly in these severer stages of the disease the endocardial vegetations are the main source and the myocardium the main recipient of the toxins which result in failure of the heart.

One would suppose that in order to obtain a more suitable case for surgical treatment it would be better to look for a patient whose stenosed mitral valve was merely the result of a completely healed rheumatic lesion in bygone years, and it is only in later life that such are commonly found.—I am, etc.,

Broadstairs, Oct. 10th. MARTIN O. RAVEN.

"CONGRESS ASPHYXIA."

SIR,—Your Geneva correspondent's account (September 26th, p. 576) of the conditions under which the health organizations of the League of Nations work is deplorable, but not in the least surprising. The International Congress of Child Welfare recently held in the same city would appear also not to have been above reproach in this respect. Dr. Cecil Reddie, at the First Guildhall School Conference, 1912, mentioned having attended a lecture on school hygiene in Germany in a room where asphyxiation was imminent, and my experience when listening to the teaching of hygiene in Munich in January, 1914, was far from favourable. Nor shall I ever forget the expression of horror with which a Parisian manservant received the intimation of my intention to sleep with the windows wide open one cold Easter.

At the same time it is but fair to admit that the "furtive Anglo-Saxon" has not a good record in this matter. The atmosphere of the office of a well known health organization is such that I invariably beat a hasty retreat after a visit. An educationist member of the London County Council used to amuse himself by counting the number of open windows in Harley Street, while one of the worst colds which I can recall was the sequel to a committee meeting held in the room of a specialist in tuberculosis. After a meeting in Hampstead in support of the garden city idea, when the air was thick enough to cut with a knife, a joint letter from the late Dr. Claude Taylor and myself, poking fun at the promoters for their inconsistency, and inviting officials of churches and chapels to apply to the local health society for assistance in improving their ventilation, failed to evoke a single response. Presiding at a meeting at Essex Hall for the same object, an eminent medical man told his audience that as the result of the foul air they were breathing they would all be physically deteriorated the next day. From these illustrations, which might easily be multiplied, it must sorrowfully be admitted that as a people we are still far from having learned that the saying "cleanliness is next to godliness" is applicable to air as well as to other things.—I am, etc.,

CHARLES E. HECHT,
Honorary Secretary, Food Education Society.

Westminster, S.W., Oct. 10th.

ADDITIONAL VOLUNTARY HOSPITAL ACCOMMODATION.

SIR,—As Dr. Ferdinand Rees (September 26th, p. 585) does not answer my questions we must assume he thinks that this country is falling behind other countries in healthiness, that nothing will save its position except the immediate provision of 10,000 hospital beds, and that some measure of nationalization is necessary for the purpose. I gather that any other method than nationalization is something to be ashamed of, and that those who are not socialists are silly. The simplicity of this division of parties in the State takes my fancy greatly. As a member of the silly group I tried to point out that hospitals on the voluntary system have done magnificent work in the past; that there are signs that they may continue to meet the needs of the community in the future; that in times when economy is necessary even the superb clinics of