knee, and foot cases—conditions carrying with them great danger to the infant and mother. If midwives are to conduct all these labours, how many will be left for medical men? If doctors are not called in to “normal labours,” how will they retain their skill and be able to treat “abnormal ones?” Some time ago Dr. Graily Hewitt corrected me for saying I believed that this movement for the registration of midwives must be looked upon as the narrow end of the wedge which was finally to drive doctors from midwifery work. Do not the above references prove my statement? The public has not asked for legislation on the subject, and I think, if a vote of the profession were taken, they would be found opposed to it. No doubt the present Midwives Bill says that midwives are to conduct normal labours only. But what is the good of such a clause when it is known that the promoters of this Bill have refused to insert a clause making it illegal for her to exceed her duties? Moreover, if at present the midwife is forbidden to use forceps, to turn, perform craniotomy, and to vaccinate, I have it from one of the most active promoters of the Bill, that soon a Bill may be introduced giving her the power to perform these operations. Midwives abroad have this power. Therefore it will be argued, Why have they not similar powers in England? The cry will be raised that a great number of infants perish yearly for want of timely help, and because the midwife is forbidden to use the forceps, or turn.

Again, if the midwife is called in, and not a practitioner, many mothers will suffer unnecessarily. For instance, the pregnant woman who has heart, lung, or kidney disease, may, if seen some weeks before her confinement, be treated so as to increase her chances of recovery to a maximum. The woman with a deformed pelvis might be helped by the induction of premature labour; the woman with a malpresentation—if detected in an early stage—might have this rectified; while she who has a valvular disease of the heart might have been saved by a little timely help.

Further, if pupil midwives are trained in any number, they will use up a very large proportion of the material now employed in the training of medical students. At present it is a difficult matter for students to “take out” their requisite number of cases. It is not an unusual thing for as many as five or six students to be at one case. In other towns the medical student and pupil midwife go to the woman under the care of a midwife. Therefore in any Bill introduced I trust a clause will be inserted providing that pupil midwives shall not be trained at any hospital or institution unless there is more than sufficient material for the education of students. There is no use in improving the status of the midwife if this is achieved at the expense of the medical student.

Lastly, if a new class of midwifery practitioners is introduced, the number of maternal deaths, and of stillbirths, will increase. Criminal stillbirths and stillbirths from culpable negligence will increase. I say this, as the promoters of the Midwives Bill have now withdrawn the clause which requires a certificate of good moral character. The Continental laws are particularly careful to exclude prostitutes and to secure a certificate of good moral character. I therefore fear, if we do not advance with the greatest caution, we shall introduce a system which will exceed in its worst features baby farming and infant insurance. I think few of us have any idea of the number of stillbirths which occur in this country—I do not speak of cases of abortion, miscarriages, or premature labour. I find that at one of the fifteen Liverpool cemeteries 227 stillbirths were interred last year. How many were interred at the other fourteen, and how many are interred in the cemeteries throughout England? how many were thrown into ashpits, into sewers, buried in gardens, or found by the police? This country does not require the registration of stillbirths, but I trust that, if a Bill is passed, it will contain a clause providing that in all stillbirths an official *post-mortem* examination must be performed.

I hope I have shown that we must advance with the utmost caution. Let us remember that the demand for legislation on the subject of the registration of midwives comes only from a very few. There is no call for undue haste. The working classes have not asked for legislation, while those Poor-law Unions who employ midwives do so because of the cheap labour. We have been repeatedly referred to the state of affairs as regards midwives in Continental countries. I contend, however, that we are far in advance of these nations, and that to follow them in this matter would be a retrograde movement. In Continental countries the hospital is a State-established and State-supported institution. The pupil midwife is frequently chosen by, and educated by, the State, and treats the State's poor. In fact she performs many

of the duties of an English Poor-law medical officer. Does any one wish to see her supersede the Poor-law medical officer or the public vaccinator?

I would suggest that the entire subject of the registration of midwives be referred to a Select Committee with power to take evidence. In the meantime let us improve the educational standard of students in midwifery; let us discourage the employment of unqualified assistants; let the Poor-law authorities cease to make their medical officers contract themselves out of their extra medical fees order, so that poor women may have proper treatment. Let our monthly nurses be far better trained, and let those who wish it have lady doctors; but the question of legislation for midwives is not yet ripe. If we now begin to register the present midwives we shall have to provide a State register for nurses of all kinds. Then prescribing chemists and unqualified assistants, who will, without perjuring themselves, say they have treated a number of sick persons for a number of years; they will also demand to be placed on a State register; and, for my part, I cannot see how, if we register one class, we can refuse to register the other, for the unqualified assistant, nurse, and prescribing chemists are as much one of the recognised institutions of our time as are midwives. The public largely employ all these; should we encourage them to do so? Let us hope that this little agitation is but the flicker which precedes the dissolution. The country does not want midwives. If women wish it let them either train as monthly nurses or enter the medical profession by the usual channel. The old apothecary has gone; let us hope that the lady doctor of to-day will take the place of the ancient midwife.

Dr. MURDOCH CAMERON would strongly urge that midwives should be educated, examined, and recognised by proper registration. He was convinced that there was a sphere of usefulness for such women, as there was a very large class who were quite unable to pay a large fee and who yet had a proper feeling of independence which prevented them from seeking charity from any maternity hospital. The midwives, however, should be under proper supervision.—Dr. A. E. A. LAWRENCE supported Dr. Aveling's proposition that midwives should be bettered.—Mr. HALLWRIGHT considered it most important that midwives should be properly supervised, especially as to the strictest registration of all cases of premature births and stillborn children, as if any midwife showed a larger than normal proportion of such cases, it would draw the attention of the proper authorities to the fact, and would be investigated, with the result that crime would be prevented. All medical men would feel that much valuable time was wasted by skilled practitioners in attending perfectly normal cases for a most inadequate remuneration; they would be glad to know that the poorest class could have skilled attendance in their confinement, and would be glad of a Bill which would secure this.

REMARKS ON A CASE OF ACUTE GOÏTRE OCCURRING DURING THE PUERPERAL PERIOD.¹

By W. McDONOGH ELLIS, M.D.(BRUX.), M.R.C.S., ETC.

MRS. W., aged 23, was delivered of her second child on January 9th, 1889, after a tedious labour, in which low forceps were necessary. She did well until January 30th, that is, twenty-one days after delivery, on the morning of which day she woke up with pain in her neck, which she found to be slightly swollen. When I saw her, two days afterwards (February 1st), there was a large swelling of the size of a Tangerine orange in the region of the left lobe of the thyroid body; this was painful and very tender to the touch. The swelling moved up and down with each act of deglutition. There was no redness of the skin and no infiltration of surrounding tissues.

At the same time that the swelling commenced she complained of severe bearing-down pains over the sacral region, and of a return of the red uterine discharge, the amount being as much as was present just after labour. The discharge was not at all offensive. Her temperature at this time was 101°, and she complained of a feeling of general *malaise*. There was no dyspnoea and no difficulty in swallowing, although the act of deglutition produced pain in the region of the swelling. On the following day the

¹ Read before the Bath and Bristol Branch of the British Medical Association.

right lobe of the thyroid commenced to swell, but never became so large as the left.

A paint containing equal parts of belladonna and glycerine was applied over the swelling, together with hot fomentations; and in a few days the pain and tenderness disappeared, the temperature became normal, and at the same time the discharge from the uterus ceased. But the swelling did not begin to subside until ten days after all acute symptoms had disappeared; it had, however, ceased to cause pain or inconvenience. When I saw her two months afterwards the enlargement had entirely disappeared.

I may mention that she has lived all her life in Bath, but that her sister suffers from a chronic goitre.

When I first saw this case I hesitated to connect the swelling of the thyroid with parturition, as I could not remember having read or heard of goitre as one of the diseases complicating the puerperal period; but on mentioning the case to Dr. John Williams, he wrote me: "Your case is an exceedingly interesting one, and apparently one of acute goitre connected with parturition and the puerperal period. The disease has been observed during pregnancy, and has proved serious and very fatal, but I do not now remember a case coming on during the puerperal period."

Mr. Lawson Tait, in an article in the *British Obstetrical Journal*, 1875, records several instances of the occurrence of the disease during pregnancy. In one it commenced during the fifth month of the first pregnancy, and recurred in each subsequent one. After the first two labours it disappeared entirely, but never again completely disappeared, although after labour it diminished in size. He mentions twenty cases, in all of which there was a tendency to hæmorrhage and flooding after labour. He found that pot. bromide improved the hæmorrhage, and that iron always made it worse. No treatment improved the goitre.

Dr. Mitchell, in the *British and Foreign Med.-Chir. Review*, 1862, remarks that during the period of menstruation there is often a temporary increase in the size of the thyroid, which is still more marked during pregnancy and lactation.

I can find no reference to any case in which the disease commenced after labour, and the question is: Are we to connect the enlargement of the thyroid in this case with the puerperal condition? It might be suggested that the pain in the back and the uterine discharge was the early return of a normal monthly period, but I think it would be unusual for such an occurrence to take place only three weeks after parturition, and it will be noticed that when the acute symptoms disappeared the pain and discharge ceased.

Acute goitre, under any circumstances, is a disease of rare occurrence, often ending fatally in a few days, as, owing to the rapid enlargement of the thyroid body, the fascia of the neck covering it does not stretch with sufficient rapidity, and consequently there is the danger of asphyxia from compression of the trachea. Fortunately in the case, an account of which I have just given, the thyroid did not reach such a size as to produce any dyspnoea or difficulty in swallowing, although this question presented itself to my mind—"Supposing the swelling increases and death from asphyxia should become imminent, what would be the best treatment to relieve the patient?" Such a case might occur. The dyspnoea might come on suddenly in the night. The surgeon may be single handed, the dyspnoea urgent and distressing, and death from asphyxia imminent.

Erichsen says: "It is difficult in these cases to know how to save the patient, for tracheotomy by the ordinary method may be impracticable, owing to the manner in which the tumour dips down behind the sternum." Then, again, the trachea may be displaced and so difficult to find, or so far from the surface that the ordinary tubes will not reach it, or remain *in situ* should they be of sufficient length, as in a case quoted in the *Lancet* of March 15th of this year. It has been suggested that by dividing the fascia covering the tumour relief may be obtained. And, as a last resource, the isthmus of the thyroid may be divided accurately in the middle line, but it is necessary that this should be done with the cautery (an instrument which may not always be at hand), so as to limit the hæmorrhage, which otherwise would be very severe.

SMALL-POX is prevalent in St. Petersburg to such an extent, that the Municipal Committee of Public Hygiene has found it necessary largely to increase the hospital accommodation available for patients suffering from that disease. Catarrh is also epidemic in the Russian capital to a much greater degree than is usual at this time of the year.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

LABOUR OBSTRUCTED BY VAGINAL ATRESIA.

A CASE of labour where an organic stricture of the vagina caused obstruction to the expulsion of the child from the womb is of sufficient interest and rarity to require no apology for placing it on record.

Mrs. W., primipara, aged 36 years, began labour on March 10th, 1889, at 8 A.M. Two hours later, at my first visit, I found the pains very severe, and coming on every few minutes. On examination by the "toucher," a most unusual condition of parts was made out. At the upper extremity of the vagina my finger slipped into a firm rigid contraction of the vaginal walls, passing round the whole lumen of the canal. Pushing my finger through this contraction for some little distance, I came on the membranes, and at their circumference the os uteri dilated almost to its full extent. The condition of parts having been confirmed the patient was placed under chloroform. This had no effect on the stricture, even when pushed to the usual extent for midwifery practice, and made clear to me that operative interference was necessary. A blunt-pointed bistoury was placed along the left forefinger and the stricture divided. The membranes were ruptured, and an attempt made to apply Simpson's forceps. After some difficulty this was accomplished, and applying moderate traction the labour was brought to an end without further difficulty.

It is difficult to explain the presence of this stricture. The most careful inquiry fails to disclose any possible cause. There is no history of leucorrhœa at any period of the woman's life. The fact that at this date the stricture has completely disappeared excludes cancer. Here one must go back to childhood and the exanthemata and ask: Is this the result of a vaginitis, or can it have been a congenital condition?

Batye, Yorks.

JOHN STEWART, M.B., C.M. Glasgow.

TOTAL NECROSIS OF LEFT UPPER JAW AND MALAR BONE.

ON June 1st I removed the necrosed left upper jaw and malar bone of an Arab boy, aged 15 or 16 years. The orbital margin of dead bone projected through a gap in the cheek, and the lower eyelid was drawn down towards it and everted. The bone was easily extracted through an anterior incision. The disease was stated to have begun in a "boil" at the orbital margin three or four years before, and had progressed without pain or acute symptoms of any kind. The boy seemed of good constitution, and I failed to connect the illness with any of the recognised causes. In the specimen the two bones are complete, except the posterior and neighbouring inner wall of the antrum and a part of the nasal process. But they are pitted in places from superficial caries, especially the palatal process. Most of the teeth had dropped out, and the remaining ones were carious. But the boy's other remaining teeth were sound.

After removal of the bone the gap in the cheek gaped still further, and had to be closed by a plastic operation, which, however, failed to release the eyelid, and has still left an opening close to the nose, exposing the nasal duct. The boy is now (October 8th) strong and well. The malar bone seems to have been entirely replaced, but the only sign of regeneration in the maxilla are some small plates, apparently of bone, in the anterior wall near the nose. The inferior turbinate bone was never seen. The other bones seem all healthy; and the aperture of the infundibulum is seen outside the middle turbinate bone discharging muco-pus. The case is noticeable from the extent of the necrosis and the obscurity of its origin.

Aden.

H. HERBERT, Surgeon I.M.S.

INFLUENZA (?) CATALEPSY.

MR. E. was seized on October 27th with a severe shivering fit, and complained of having "felt ill" for two days previous to this; there was considerable lumbar pain, aching of limbs, etc., severe frontal headache, and the usual symptoms of "influenza," with the exception of the temperature, which was 97.4°. In the evening of that day he got very drowsy, and fell asleep, in which condition he remained till early in the morning of November 1st. Nothing seemed to rouse him, and it was with the greatest diffi-