internal pelvimetry showed that in reality it was only 18.8 per cent.

But after all, from a practical point of view, we do not need academic discussions on minutiae of measurements, and looking at our figures we find that forceps had to be used in 14.5 per cent. of all cases. This does not take into account, of course, the smaller degrees of contraction the natural forces were able to overcome.

Average length of child ...	18½ in. (English 20.5 in.)
Average weight of child...	6.8 lb. (English 7 lb.)

Complications Affecting Pregnancy.

The one maternal disease the influence of which dwarfs all others in this respect is syphilis. Turning to our outpatient register, we find that no less than 43 per cent. admit the existence of this disease in one or both parents, and these figures may be a little under the truth. Owing to the almost universal prevalence of the disease in Uganda, many of these are cases of syphilis insontium. The result is an enormous number of miscarriages, a still more appalling morbidity both of the mother and the newborn infant, and a very serious check to the natural increase of the population. I will quote from my brother's report of the hospital for last year. He says:

It has been calculated that 70 per cent. of the children in Uganda either die from premature birth or are stillborn, or die in the first week after birth. In England the corresponding infant mortality is 14 per cent.—that is, in Uganda nearly 3 children die to 1 that survives; in England 6 children survive to that dies. Out of 30,000 successive cases attending Mengo Dispensary and 10,000 attending in Toro, the percentage of sufferers from venereal diseases, was the same in each country, namely, 22 per cent.

No facts could more clearly show the far-reaching influence for good of the recent legislation initiated by the medical advisers of the Government.

Ankylostomiasis is a most serious complication when the sufferer only presents herself after labour has set in. Nearly all the cases die, whereas if they come during pregnancy there is a fair chance of saving them.

Tick fever generally produces miscarriage owing to the high temperature obtaining during the attacks, but we have had several deaths from this complication when it happened to occur during delivery. Another serious danger is the administration of native drugs. My brother, Dr. J. H. Cook, has taken great interest in these. To quote again from his report, he says:

Another great evil in the country is the administration of potent native drugs to parturient women. Not unnaturally the women of the country, in their hour of need, seek their own native remedies, drugs which accelerate labour. But they do not realize that such drugs are very dangerous. They contain potent alkaloids, and the natives take them in unmeasured doses, and take them at the wrong time. Their friends administer them, and they often clamour for them themselves. Many a case of easy labour has been rendered difficult by these drugs, and not a few, alas! have terminated fatally for the child, or for the mother, or both, simply owing to the taking of these special native drugs. In the space of two or three months in Mengo Hospital last year five mothers lost their lives in this way. Again and again has an autopsy revealed the same sad fact—killed by their own drugs, administered by their relatives often in enormous doses. . . . The difficulty is that these drugs are not given as poisons with felonious intent, but are often demanded by the patient, or administered by her nearest or dearest relatives as the correct and orthodox thing to do. . . . The matter was reported to the Government, and most courteously and promptly taken up by the Principal Medical Officer. Specimens of these native drugs, collected from native chiefs by Dr. J. H. Cook, have been forwarded to Entebbe and sent by the Government to the Imperial Institute for analysis, and proved to contain potent alkaloids, though further physiological tests are still in progress. Lectures have been delivered before the native parliaments in Mengo and Toro, illustrated by black-board diagrams, books, microscopic specimens, and illustrative cases, to try and awaken the native chiefs, at all events, to the seriousness of the evil.

Ruptured uterus from obstructed labour outside the hospital is met with from time to time, but unless this grave complication has only just been sustained, the prognosis is very gloomy.

English Confinements.

During the early years of our stay here, Uganda was no place for a prospective English mother. The country was too unsettled, the comforts obtainable too few. The first English confinement was in 1901, and turned out to be a breech with extended legs. The infant had to be extracted

with a blunt hook, but is now a cheerful young schoolboy. We have attended only some eighty cases, but they have included all the ordinary complications. The only peculiarity that we have noticed as compared with labour in a temperate climate is that the commencement of the labour by premature rupture of the membranes is very common here. Much has been said upon the supposed danger of giving quinine during pregnancy. Our favourite dose of this drug in pregnancy where malaria is rife is 5 grains daily. When fever is actually present as a complication, 5 grains of quinine hydrobromate twice a day by the mouth, or in more serious cases hypodermically, are quite safe if guarded by the simultaneous administration of suitable doses of potassium bromide and opium. Time will unfortunately not permit me to deal with individual cases, or I could tell of the interest excited in the native mind by our first Caesarean section, fortunately a successful one, both mother and child surviving. I could speak, too, of the interest of incubating premature infants in the Hearson's incubator intended only for bacteria; we have reared them when only weighing 2 lb., and one child, at any rate, who was apparently only six months. The result to the country of so many women passing through the maternity wards yearly has been excellent from an educational point of view, as they all receive simple instruction as to how to manage their children just at a time when so many hapless children succumb for want of a little simple knowledge.

I will conclude with a very warm expression of gratitude to our energetic secretary, Dr. Strathairn. It has long been a commonplace in Kampala that if anything needs to be done well it must be entrusted to him, and I tremble to think what his engagements are in this festive week, yet he has cheerfully undertaken all that is making this first meeting of ours as a corporate body a success. As a profession "united we stand, divided we fall," and the numbers attending this meeting augur well for future ones.

A PLEA FOR SURGICAL WORK IN THE COTTAGE BY THE COUNTRY PRACTITIONER.

By J. EUSTACE WEBB, M.B., C.M.ABERD.,
LOOE, CORNWALL.

TWENTY years' experience in general practice, in a country seaside town and agricultural district, very much isolated from a big centre, has, with an ever-increasing force, impressed me with the need of encouraging the man who takes up general practice in the country to do his own surgical work on the spot, no matter how lowly the dwelling from which the appeal comes. If the custom of the country practitioner is otherwise, the sensitive and conscientious worker must experience the bitterest disappointment when he recollects some lost opportunity to relieve human suffering and to prolong human life. To-day this appeal seems to be the more necessary, for the experience of the working of the National Insurance Act has shown that no pecuniary incentive is given to a man to do the higher class work connected with our healing art. We want to infuse into men the spirit of unshrinking self-denying work, and I ask what higher destiny can be allotted to any of us than the destiny which imposes on us the necessity of well-balanced intellectual and physical work as found in the life of a good general practitioner?

To act continuously on the dictates of reason with a strong unbending will is true heroism, and impediments are made opportunities by the man of resolute will; not only are the intellectual faculties rendered brighter and more keen by every struggle, but every obstacle overcome signalizes the fresh acquirement of power. The class of surgery I am pleading for, as the right to be commanded by the working classes, brooks no delay. Never for one moment of the workaday life must the practitioner lose sight of the intrinsic value of each human being—man, woman, or child—who applies for his assistance. Success in life as a country practitioner depends upon patient, uniform, and unflinching effort to serve those entrusted to his care, and medicine and surgery has never been really advanced by any other means. His aim is to prolong life and avert the tendency to premature death, and the

dignity of his art is commensurate with the dignity of the being who is the object of his care. There are essentials necessary to carry out the work beyond a high sense of duty and the conviction; and these are nowadays to be obtained in almost every district, and, as the State has taken over the responsibility of the treatment of such a large proportion of the population, it should be its care to see that every area is able to command them. They are (1) the reciprocal co-operation of a second medical man, and (2) the assistance of a skilful nurse. The able and skilful services of Dr. Alfred Adams and Miss Clarke, Queen's nurse, have in this district been ever ready to command in these surgical emergencies.

It is not within the scope of this theme to detail the surgical procedure to be followed; it is to try to establish confidence in those who may find themselves face to face with surgical emergencies in country practice that the cases and experiences here given of samples of work done in this district in the last few years are now related. It is not wished to give an impression that no disappointments or failures have been encountered. Those cases that are indelibly impressed on the mind are the few that, owing to inability to make an early diagnosis, have been subjected to delay—a fatal error.

Goitre.

A summons came in the middle of the night to see a middle-aged woman who had returned that day from a large provincial hospital as nothing could be done for her. She was reported to be dying. She was found near to death's door from asphyxiation due to the weight of a huge goitre pressing on the trachea. A free incision was made in the middle line, the constricting band divided. The swelling could then be felt to be elastic. A free incision was made into each side of swelling; the swellings emptied. An uninterrupted recovery resulted. She has since joined her children in Canada, where she has resided for some years.

Intussusception.

One evening, in the month of December, a message came to see a baby living about five miles away in a cottage attached to a farmhouse. The child, a female, 3 months old, was suffering from symptoms of intussusception. A return journey was made and the necessary assistance procured. The driver of the hired conveyance lost his way in a snowstorm, which resulted in the operator falling into a ditch. The child was operated upon in a kitchen of the poorest description by candle light and was left to the mother's care. The case made an uninterrupted recovery, and the child has grown into a strong, healthy girl.

Strangulated Hernia.

In the middle of the night, in the depth of winter, a message came through the coastguard to visit an old patient, a female of 80 years of age, suffering from a strangulated inguinal hernia, and living in a neighbouring seaport village about five miles away. She lived in a two-roomed house. The room in which she was operated on was 10 ft. by 12 ft. by 9 ft., and occupied by three adults; she made an uninterrupted recovery, and four years afterwards is in good health.

One midsummer day an old parish male pensioner was seen. He was 77 years of age, and had been in feeble health for some years. He was found with a strangulated inguinal hernia and was vomiting. He had lived for years in a single room, and his bedding and surroundings were of the poorest description. He was immediately operated upon and made a perfect recovery, and I saw him the other day, some three years after, crawling along the street past my house in the bitterest weather.

Intestinal Obstruction.

One afternoon in September a telegraphic message came to see a woman suffering from intestinal obstruction. The woman, aged 42 years, lives in an overcrowded two-roomed cottage in the same village as the above case; the bedroom in which the operation was performed for herniated small bowel through omentum, was very dirty and infested with flies. She made an uneventful recovery, and has been at work ever since.

Gall Stone.

One October evening a message came to see a fisherman 62 years of age. He was found suffering from profound jaundice, with intense pain and incessant vomiting. After some hours of anxious watching, as no improvement took place, he was operated upon. The gall bladder was very small and was difficult to find. A very small calculus, about the size of a wax vesta head, was found. The patient made an uninterrupted recovery, and has remained well for some two years.

Suppuration of Gall Bladder.

A telegraphic message was sent late one evening to visit a woman living seven miles away. The message came as a surprise, for rumour had reached us that she had obtained entrance into a large provincial hospital. On this occasion she was found in a very exhausted condition. She had taken fright in the hospital and run away, and travelled some twenty odd miles by foot and cart to her home. She was suffering very severe pain in the right side of the abdomen, over a hard

tumour. Some five years previously she had been operated upon for an acute abdomen, when an abscess was found in the right iliac region and drained, and from which a permanent fistula had resulted. She lived in a two-roomed cottage, the bedroom being nothing more than a comfortable attic without a fireplace, with the rickety stairs leading thereto opening close to the bed. She was operated upon and a gall stone about the size of a walnut removed. She made an uneventful recovery.

Tracheotomy.

One winter's night, at 2 a.m., a call came to see a boy, aged 3 years. He was found suffering from diphtheria, with laryngeal obstruction—breathing with great difficulty and cyanosed. He was operated on by candle light, the operator administering the anaesthetic, the services of the district nurse alone being obtainable. He made a good recovery.

Amputation of the Thigh.

Late one evening a message came to see a lad who, it was reported, had met with an accident in a quarry. He lived seven and a half miles away in a tiny cottage on the moors. He was found with a crushed and torn left lower leg, the knee-joint a pulp, and the bones pulverized and in places protruding through the skin. The limb was there and then amputated above the knee by candle light, and the assistance of the groom. The boy made a very good recovery, and is now earning his living as a tailor.

Appendicitis.

When returning home late one evening from a country insurance meeting, a request came to see a fisherman, who was known to have had a history of appendix inflammation. It was now evident that the patient was very ill with toxæmic poisoning and peritonitis. He was immediately operated upon. A foul abscess was opened in the right iliac fossa. The case made a slow recovery; the discharge continued for a long time, but the wound eventually healed. When he was considered to be about well he again developed signs of acute appendicitis. He was immediately operated upon, and a very large and swollen appendix removed. A further operation had to be done some six weeks later, as the wound did not heal. He eventually made a good recovery, and has been at work for some months.

Ectopic Gestation.

While on a round one morning a note was delivered requesting me to see a married woman for whom "something must be done immediately." An extrauterine fetation was thought to be the probable cause of the serious condition in which the patient was found, in answer to an emergency call to Dr. Adams. An immediate operation revealed an abdomen filled with blood, and a fetus (about six weeks old) in its membranes developing in the left Fallopian tube, close to the fimbriated extremity, and from which the hæmorrhage was proceeding. When placed back in bed life seemed to be all but extinct, but she made a rapid and uneventful recovery. The house was a tiny two-roomed cottage, and poor in every way.

THE PLACE OF X RAYS IN THE TREATMENT OF CANCER.*

By FRANK FOWLER, M.D.,

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THE results of *x*-ray treatment, up to the last year or two, have been impaired by the mistaken notion of the physicists that a cell is only affected by a ray which it is able to absorb, and that the more penetrating ray, which passes through it, had no effect on the cell. The fallacy of this theory was demonstrated by the radium therapists, who showed that the gamma rays of radium, which are far more penetrating than any *x* rays yet produced, have very marked effect on any cancer cells which they are able to reach in sufficient quantity; in fact, the results of treatment by radium of suitable cases are better than those produced by *x*-ray treatment, and it is now believed that this superiority is due to the greater penetrating power of the gamma ray.

Radiologists have consequently tried the effect of using *x* rays from a tube as hard as possible, in order to produce more penetrating rays, cutting off the softer rays by means of suitable filters; the results are proving far more satisfactory than when medium hard rays were used.

The reason why *x* rays have maintained their place in the treatment of cancer is not merely on account of the difficulty of obtaining sufficient radium; but they have certain advantages of their own—chiefly the possibility of giving a fairly uniform dose over considerable area and depth, whereas the radiation from a tube of radium is only effective within comparatively short distances.

* Read at the Southampton Medical Society.