merly Professor of the Practice of Physic and Clinical Medicine in the Queen's College, and has indeed been identified with the Birmingham School of Medicine throughout his whole career, as he at one time held the offices of Resident Physician and Medical Tutor to the General Hospital. He has always taken a public spirited interest in the affairs of the profession, and in addition to his services to the British Medical Association we may recall the fact that he was one of the founders of the Birmingham Medical Institute. Sir Willoughby Wade has made many contributions to medicine, and one of his earliest studies was into the nature of diphtheria, a work which earned for him the praise of Trousseau. Sir Willoughby Wade has also taken an active part in social movements in Birmingham, and has given special attention to promoting the success of the Birmingham Musical Festival.

SIR ROBERT MARTIN CRAVEN.

Mr. R. M. Craven, who has received the honour of knighthood, is a consulting surgeon to the Hull Royal Infirmary, having served on the acting staff as surgeon for about forty years from 1852. For many years he was actively engaged in a large general practice, but has shown a great interest during recent years in political matters, and has been Chairman of the Central Hull Conservative Association since its foundation. The recent change in the political complexion of Central Hull is attributed in large measure to his energy and influence. Sir R. M. Craven, who is 71 years of age, became a Member of the Royal College of Surgeons of England in 1846, and in 1889 was elected a Fellow.

SIR J. A. MACCULLAGH.

Dr. James Acheson MacCullagh, who has also received the honour of knighthood, was educated at Ennis College, Clare, and Trinity College, Dublin, where he had a distinguished career as a student. He settled in Londonderry, and in 1892 became Mayor of Derry, an office to which he was re-elected on three occasions. He has taken an active part in political matters as a Unionist. In 1892 he received the degree of M.D. (Stip. Cond.) from the University of Dublin. He is Medical Officer to the City of Derry Dispensary District.

DR. H. A. A. NICHOLLS, C.M.G.

Dr. Henry Alfred Alford Nicholls, who has been appointed a Companion of the Order of St. Michael and St. George, is an M.D. of the University of Aberdeen, and is at present Medical Officer of Public Institutions of the Island of Dominica, West Indies. His nomination is a recognition of the invaluable services rendered by the officers of the Colonial Medical Service.

SURGEON-LIEUTENANT-COLONEL S. H. BROWNE, C.I.E.

Surgeon-Lieutenant-Colonel Samuel Haslett Browne, who has been nominated a Companion of the Order of the Indian Empire, entered the Bengal Medical Department in March, 1874, and was promoted Surgeon-Lieutenant-Colonel in March, 1894. He at present holds the office of Principal of the Lahore Medical School. He is an M.D. and M.Ch. of the Royal University in Ireland.

WHAT IS A "NATURAL LABOUR"?

By ROBERT R. RENTOUL, M.D.

Now that at last the General Medical Council has referred the subject of the dangerously inadequate training of the medical student in practical midwifery to its Education Committee, I feel it would be well if, at the same time, the Council gave a practical definition of the term "natural labour." It certainly exposes our faculty to well-merited scorn and contempt when it cannot agree to a definition. In this respect we resemble the effect sometimes noticed in our drugs—incompatibility.

I have taken some trouble to find in what way many practitioners have defined the term "natural labour;" the following are quoted:—Churchill: "A natural labour is the delivery of a living child with safety to the mother, the vertex presenting." Simpson: "The head alone presenting, the labour terminated in twenty-four hours." Schroeder: "Normal parturition is the expulsion of the fœtus at term from the uterus through the maternal passages by natural forces."

Parvin: "When parturition is effected by the sole power of the natural organism." Spiegelberg: "From the point of view of frequency, the vertex presenting is the only normal labour; all others are abnormal, and must be considered as pathological occurrences." R. Barnes: "Eutocia (easy labour) is labour progressing smoothly, and terminating favourably under natural forces." Ramsbotham: "A case in which the head of the child presents, in which labour is completed within twenty-four hours from the commencement, and in which nothing of a dangerous or alarming tendency supervenes throughout the whole conduct of the case." Hippocrates: "When the head or breech presents." Smellie: "A natural labour is one in which uterine action alone accomplishes delivery." Baudelocque: "All cases which are terminated by the natural powers." Davis: "Where the head presents." Blundell: "When the head presents, and the whole labour is terminated in twenty-four hours." Mauriceau: "Where the fœtus is born living." Burns and Merriman: "Where the head presents, and the face is turned towards the sacrum." Cooper: "Labour terminated in twelve hours." Power: "Labour terminated in four hours." Conquest: "When the occipito-vertex presents, when there is sufficient room in the pelvis to admit of easy descent of the head: when the occiput emerges under the pubic arch, when no manual interference is needed, when labour is completed in a moderate time, and when the mother and infant are well." Cazeau and Tarnier: "The expulsion of the fœtus by the efforts of Nature alone." Denman: "Every labour shall be called natural if the head of the child present, if the labour is completed within twenty-four hours, and if no artificial assistance be required." *Lexicon of Medicine*: "A labour which occurs at the end of the ninth month of pregnancy, the pains being regular and effective, the process not continuing beyond twenty-four hours, rarely more than twelve, and very generally not above six; the size of the head and the capacity of the pelvis being duly proportioned, and no morbid state supervening either to prevent delivery or endanger the mother's life." Herman: "Labour is natural when the mother is in good health, and the pelvis is of not less than natural size; when the child is living, and if not more than normal size; when the vertex presents and the child's back is in front (*sic*); when the membranes do not rupture until the os is at least three-quarters of its full size (*sic*); when the placenta is implanted above the lower segment of the uterus, and is not detached until the child is born; when uterine contraction and retraction go on at such a rate that the child is born within twenty-four hours from the beginning of labour pains, and continue after the child is born." C. V. Moore: "Natural labour might be defined ten days after delivery, not sooner."

The above and many more definitions show the absolute state of chaos which exists in our faculty as to what is a natural labour. It is to be feared we should show a very weak side of our glorious power to differ to the public if we appeared in a law court to give a judge and jury any "help" to arrive at a practical finding. This fear is not exaggerated when we remember that all the Midwives Bills fixed the duty of the midwife to attend "natural" labour.

For the purpose of trying to arrive at a practical definition I would suggest the following as a definition of natural labour: Labour at the ninth calendar month in a woman free from organic and functional disease of the heart, lungs, kidneys, brain, and other internal organs, and from all fever diseases; when there is no impediment in the maternal passage, of either a soft or hard nature, to the passage of the child; where there is only one child in the womb; where the vertex of the child alone presents in either the first or second occipito-anterior position; where labour is completed within twelve hours from the commencement of labour; where a living child is born; where neither instrumental nor manual operations have been required; where the after-birth comes away without the use of manual operation within twenty minutes after the birth of the child; where there is no laceration of any portion of the parturient structures; where the mother does not die within thirty-one days after confinement; and where there is no puerperal fever. I think this is an honest definition. Perhaps others will perfect it, while writers of books on midwifery may use it.

It is to be noticed that a large number of the above definers do not pay the slightest notice to the infant as to whether it is born dead or alive. To them the child is evidently of no importance, while ruptured perineum and other "trivial" occurrences are beneath their notice. If so I should like to ask some of the above definers, would they think it quite "natural" if their perineum were ruptured; or if they died within twenty-four hours after performing a normal act?

It is further to be hoped that the General Medical Council will also give our faculty a good working definition of the term "puerperal fever." From 1871 to 1893 no fewer than 98,856 mothers in England and Wales have died from puerperal fever and the accidents of childbirth. This shameful state of affairs is largely due to the criminal action of the General Medical Council, which has instructed the examining bodies to allow medical students to enter for their final medical examination if they can present a certificate showing they have each personally conducted only three labours. The slaughter-rate among mothers is now appalling, and we know that if about one-half of their death-rate were not wilfully suppressed, the true death-rate would be such as to call down upon the members of the General Medical Council public contempt, if not dismissal. Since 1890 I have repeatedly petitioned the General Medical Council to take action. Many of us, knowing how dangerously deficient is the practical training of the student, will watch earnestly for the forthcoming report of the General Medical Council. Will it be even more death dealing than their present degrading "recommendation," or will it be life saving and disease lessening?

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday the 15th day of January next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

December, 1895.

NOTICE OF QUARTERLY MEETINGS FOR 1896.

ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 15th, April 15th, July 8th, and October 21st, 1896. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting—namely, March 26th, June 18th, and October 1st, 1896.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No members can be elected by a Branch Council unless their names have been inserted in the circular summoning the meeting at which they seek election.

FRANCIS FOWKE, *General Secretary.*

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M., Saturdays, 10 A.M. to 2 P.M. Members can have their letters addressed to them at the Office.

BRANCH MEETINGS TO BE HELD.

LANCASHIRE AND CHESHIRE BRANCH.—The adjourned meeting of this Branch will be held in the Medical Institution, Liverpool, on Wednesday, January 8th, 1896. Agenda: Report of the Council of the Branch on the Midwifery Nurses Registration Bill as drafted by a Subcommittee of the Parliamentary Bills Committee and amended by a Committee of the Branch Council. Report of the Committee of the Branch appointed

March 6th, 1894, "to watch the progress and to oppose any proposed legislation for the registration of midwives." Mr. H. H. Preston will move and Dr. G. H. Broadbent will second, "That a Vigilance Committee of the members of the Branch be at once elected, with power to add to their number, to watch the progress of any legislation for the registration of unqualified persons to practise medicine, surgery, or midwifery without the supervision of those already registered under the Medical Acts." Mr. Walter Whitehead will move a resolution standing in his name as to the present system of government of the British Medical Association. Mr. Colin Campbell will move and Dr. J. Brassey Brierley will second, "That this Branch contribute £50 to the fund which is being raised to repay Dr. R. R. Kentoul his expenses incurred in defeating the first and second Midwives Registration Bills." All notices of motion and amendments for the meeting, and applications for membership of the Association and the Branch, should at once be sent to the Honorary Secretary, JAMES BARR, M.D., 72, Rodney Street, Liverpool.

BORDER COUNTIES BRANCH.—A meeting of this Branch will be held in the County Hotel, Carlisle, on January 10th. Arrangements will be made with reference to the annual meeting of the Association in July, and sub-committees formed. Afterwards Professor Macewen, of Glasgow, will deliver an address. Further particulars by circular.—ROBERT DUNDAS HELM, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

A MEETING of this District was held on December 10th, 1895, at the Lambeth Infirmary; Dr. HECTOR MACKENZIE, Vice-President of the District, in the chair.

Confirmation of Minutes.—The minutes of the previous meeting were read and approved.

Demonstration in the Wards.—A demonstration on a number of interesting cases from the wards was given by the MEDICAL SUPERINTENDENT (Dr. Quarry). A discussion took place on several of them, in which the members joined.

Votes of Thanks.—Votes of thanks were passed to Dr. Quarry, and to the guardians for their kindness, and the meeting terminated.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

A MEETING of the Branch was held in the Free Church College, Aberdeen, on December 18th, 1895, at 8 P.M., Professor STEPHENSON in the chair.

New Members.—The minutes of the last meeting having been read and approved, Dr. Hendry, Ballater, was balloted for and unanimously admitted a member of the Branch. Dr. Albert Henderson, Royal Hospital for Sick Children, Aberdeen, and Dr. Ogilvie, Torry, were nominated for membership.

Communications.—Professor OGSTON described and showed a case of Rachitic Deformity of the Neck of the Femur (Coxa Vera).—Dr. A. T. G. BEVERIDGE exhibited a patient, aged 3 years, on whom he had performed Resection of the Elbow-joint with an excellent result.—Dr. R. G. MCKERRON read a paper on the Management of Pelvic Presentations, in which he criticised the routine treatment advocated in the textbooks. He recommended traction, and showed from notes of cases that the alleged difficulty of extension of the arms after traction could be overcome by properly applied suprapubic pressure.—The papers were fully discussed, and the meeting terminated with a vote of thanks to the contributors.

MALAYA BRANCH.

AN ordinary meeting of this Branch was held at Singapore on October 5th, 1895; Dr. GALLOWAY (in the unavoidable absence of the President and Vice-President) in the chair.

Chancere of Eyelid.—Dr. H. CAMPBELL HIGHT showed a watercolour drawing of a case of primary syphilitic chancre of the eyelid, which had that day come under his care. The chancre was situated at the outer canthus of the right eye upon the upper lid. The patient is a Chinaman, aged 19 years. Dr. Hight also described another case of hard chancre upon the inner surface of the left lower lid in a Chinese woman whose husband suffered from a typical hard chancre at the same time.

Treatment of Wounds.—Surgeon-Captain GREIG read a paper entitled Notes on the Treatment of Wounds, with special reference to Local Requirements. He considered that the climatic effects were fourfold—(1) Healing was retarded, (2) the wound required more stimulation, (3) more attention to constitutional treatment was necessary, and (4) the importance of careful antiseptic precautions was unquestionable. This applied, of course, to wounds which healed by granulation. The slowness of healing seemed to be due to