That is simply impossible. The women of the poorer classes would almost always, according to my experience, prefer a doctor to a midwife; but the very poor cannot afford the smallest fee a doctor would be willing to accept.

With reference to the Bill itself, Dr. Rentoul urges many objections. The chief of these objections I propose to consider. Dr. Rentoul's fear that if the Bill is passed this will be the narrow end of the wedge which is finally to dismiss all medical men from midwifery is not well founded, and its expression mischievous in the extreme. On the contrary, it may be expected that the properly instructed midwife would be infinitely more likely to realise the existence of danger, and promptly call in a superior practitioner. This would surely increase the occasions for professional employment to the gain of all parties concerned. Not the least of the gains would be the saving of life. Dr. Rentoul asks why should not men as well as women be allowed to become midwives? In point of fact there is nothing in the Bill to prevent any man or any woman acting as a midwife. The Bill is simply a machine for separating women who attend midwifery cases into two classes, "tested" and "untested." There is nothing to prevent any woman from calling in the one of the two she prefers to employ. There is no penalty imposed on any woman for *acting* as a midwife; the only penalty is for representing herself as registered when such is not the case. There are many who go further than this, and who think that there should be a penalty for the assumption of the title "midwife" unless registered, and in your editorial remarks[1] you take, I am happy to see, this view of the case. Dr. Rentoul is in error in stating that the Bill "allows any woman who, at the passing of the Act, can get a certificate from two doctors" to "be put on the Midwives' Register." Permission is so given *only* to those who have for twelve months previously to the passing of the Act practised as midwives in England or Wales. Another important error of Dr. Rentoul's is contained in the following sentence: "There is little doubt that if midwifery fell back into the keeping of midwives who have attended twenty-five cases of labour the terrible mortality of former times would soon reappear." This statement is entirely misleading. The attendance on twenty-five cases is "at the discretion" of the Board of Registrations to be accepted as tutelage. This does not dispense with the candidate having to pass the examination in order to be entitled to registration. As regards the question of duration of pupilage, no doubt a long pupilage in a well-conducted lying-in institution is very desirable, but it would be impossible to enforce this in many cases. Dr. Rentoul asks why three months' pupilage suffices for educating a midwife, while four years is thought necessary for a practitioner? The answer is, that the midwife is expected to possess only such knowledge as will enable her to deal with natural labour, while the medical practitioner is expected to be provided with full and extended knowledge of medicine and surgery as well as midwifery, and that his superior knowledge of the two former subjects enables him more successfully to deal with emergencies of midwifery practice. Dr. Rentoul thinks the Bill should have defined the phrase "any condition" requiring the assistance of a practitioner. This definition is no doubt necessary, and will have to be taught, but it would be out of place to attempt it in an Act of Parliament.

That the supervision of midwives should be provided by the General Medical Council is the opinion of many, but I believe the Council have expressed their inability to do more than visit the examinations. The words "any midwifery operation" in Clause 5, line 38, are possibly open to misconception. The word "operation" here means, as I read it, "delivery," but it may well be omitted altogether. The Bill has been backed by two well-known members of the profession who are in Parliament, Sir Walter Foster and Dr. Farquharson. The Council of the Obstetrical Society has taken part in its preparation. The Midwives' Institute (which comprises, it may be remarked, a large number of practising midwives, certificated by the Obstetrical Society) has done good service in arousing public attention to the subject, and the Bill has been warmly supported by a number of ladies who are desirous of helping members of their sex in a much-needed way. It is to be hoped that Dr. Rentoul will yet lend his valuable aid in furthering legislation on the subject.

I am, Sirs, yours faithfully,

May 26th, 1890. GRAILY HEWITT.

[1] THE LANCET, May 24th, p. 1131.

MORTALITY OF VAGINAL HYSTERECTOMY.

To the Editors of THE LANCET.

SIRS,—Dr. Lewers's recollection of what he said during the Hysterectomy discussion does not exactly correspond with mine, but this is a minor matter and not worth entering upon. The important point on which we differ is as to the comparative mortality of supra-vaginal amputation of the cervix and total extirpation. Dr. Lewers put the figures as 0 per cent. in the former case, and about 20 per cent. in the latter. I held, and still hold, that these figures are "altogether incorrect." Where did Dr. Lewers obtain them? In the case of supra-vaginal amputation of the cervix the statistics he adopted were his own. Dr. Lewers has indeed been most successful in this operation, not having had a single death. But an experience of seventeen cases is not enough to justify him in assuming *his* statistics to be *the* mortality statistics of the operation. As to the 20 per cent. mortality of total extirpation, of which Dr. Lewers spoke and which he contrasted with the 0 per cent. mortality of the partial operation, it was, as Dr. Lewers himself practically acknowledged, a mere haphazard guess of his own, and therefore needs no refutation.

Dr. Lewers objects to my having attributed a mortality of a little over 7 per cent. to the operation of supra-vaginal amputation of the cervix on the ground that it is based on returns published five years ago. To this I reply that no statistics, on anything like the same large scale, have, so far as I know, been published since, probably because the operation has been largely abandoned. If Dr. Lewers, however, can show that the statistics I quoted have been superseded, I will acknowledge my error and withdraw them. Only the figures substituted must be based on a fairly large number of cases.

My contention as to this mortality question may be put in a nutshell. It is that the mortality of the two operations is now so nearly the same, that the opposition to total extirpation, on the ground of its much heavier mortality, must henceforth be withdrawn. The claims of the two operations must in future be discussed on quite other grounds. Dr. Lewers probably stands alone in his opinion that British operators should be guided by British statistics. This point, however, I dealt with at sufficient length in my reply at the close of the discussion, a full report of which will appear in the next part of the Obstetrical Society's Transactions.

I am, Sirs, yours very truly,

Brook-street, W., May 24th, 1890. CHAS. J. CULLINGWORTH.

ADDENDUM TO THE BRITISH PHARMACOPŒIA.

To the Editors of THE LANCET.

SIRS,—In your annotation on the list of drugs recommended by the Royal College of Physicians for insertion in the forthcoming Addendum to the British Pharmacopœia you take exception to the introduction of a 1 per cent. solution of apomorphine, on the ground that being only half the strength of the present official hypodermic injection it might well be prepared from the latter by simple dilution. As it is possible that you may not have been fully informed as to the motives which actuated the committee in making this suggestion, I trust you will allow me an opportunity of saying a few words on the subject. When the hydrochlorate of apomorphine was first introduced into the Pharmacopœia, it was employed in this country chiefly, if not exclusively, as an emetic in the form of a hypodermic injection. The only preparation made official was a 1 in 50 solution, called the "injectio apomorphinæ hypodermica." This preparation was faulty in almost every respect. In the first place, the name, as subsequent events have shown, was misleading; secondly, the medium selected for solution, camphor water, was of no practical utility, for it was powerless to prevent the solution from undergoing change; and, finally, the direction that "the solution should be made as required for use" was not only superfluous but impracticable. The five years which have elapsed since the introduction of this unfortunate preparation have served to demonstrate the fact that the chief use of apomorphine is not as an emetic, but as an expectorant, and that the best method of administration when this expectorant action is required is, not hypodermically, but by mouth. It is probable that for every dose of apomorphine administered for