fracture; if successful, then the pronation of the lower fragment and supination of the upper can be carried out. I have on many occasions endeavoured to follow Sir Robert's instructions, with uniform want of success, hence I agree with Mr. Bankart that to attain disimpaction and subsequent reduction force and leverage are necessary; nor have I seen any injury to nerves or other soft structures.—I am, etc.,

Cooden, March 29th. DOUGLAS DREW.

DIAGNOSIS OF EARLY PREGNANCY.

SIR,—The response to the letter of Professor Johnstone concerning the Zondek-Aschheim test for pregnancy which appeared in your columns on February 9th (p. 264) has been most encouraging. Already some ninety tests have been made, and in such cases in which further clinical reports have been received the diagnosis as established by the test has been confirmed.

Experience has shown, however, that the working of the pregnancy diagnosis station could be made easier and more fruitful if certain matters of detail were improved. Commonly too much, too little, or too stale urine is sent, and often in packages that are too easily broken in transit. The requirements are 2 oz. of fresh morning urine in a chemically clean bottle, enclosed in a package that will withstand the dangers of the journey, and accompanied by the following information: date of last menstrual period; parity; menstrual history; history of any severe medical disturbances.

It would also appear necessary to emphasize the fact that the test cannot be made free of expense; mice have to be bought and kept, and it is to cover the cost of these that a charge of 5s. for private cases and 1s. 6d. for institutional cases is necessary. A postal order should therefore be enclosed in the package.—I am, etc.,

Pregnancy Diagnosis Station, The University, Edinburgh, March 23rd. F. A. E. CREW.

OBSTETRICS IN GENERAL PRACTICE.

SIR,—We general practitioners who read the frequent letters and articles in the *British Medical Journal* on the present state of obstetrics in England, and the maternal mortality rate, must feel ourselves in the position of a "buffer state" which has to take the blows of opposing forces, and still remain standing.

In the one camp the consulting obstetricians demand a maternity service restricted to their ranks, delegating the physiological act of childbirth to the status of a major operation for a pathological condition; on the other side are the public health authorities, who sometimes admit the value of the family doctor as a regular standby, but consider that the ideal would be for the specialist to see every patient in the course of pregnancy and in the early stage of labour.

While the contest wages over his patient head the general practitioner still carries on his maternity work, endeavouring to forestall avoidable dangers scientifically, and, in emergencies, often performing feats of skill single-handed.

Does it ever occur to the obstetric specialists that they only see the beginning and end of a maternity case, and that, usually, only under hospital or nursing home conditions? How cognisant are they of the terrible slum dwellings in which so many decent women have to bear and rear children, and the doctor fights a losing battle to deliver them under aseptic conditions? Have they any idea of the difficulties of conducting a labour in a single room of a slum tenement, where, maybe, both roof and floor are giving way, the one window is hermetically sealed, and the gas fittings are coming away from the wall? Or of working in a one-roomed dwelling where the sewer gas sends its foul emanations into the room, which fact has been reported without success to the landlord and public health authority?

Surely a little thought and study of actual conditions would show that the fault of the continued high mortality rate lies not with the doctors and midwives, but with the housing conditions in which they carry on their faithful work. Would it not be better if, instead of so lightly casting aspersions on the general practitioners of this country, the obstetric consultants and public health authorities united with their other medical colleagues to insist on better housing and the provision of more municipal maternity homes?—I am, etc.,

Oldham, March 23rd. MARY G. CARDWELL, M.D.

THE ART OF SURGERY.

SIR,—In his very kindly review of my book (March 30th, p. 603) your reviewer objects to my description of surgery as an art, on the grounds that the surgeon creates no new moral or spiritual experience, and that the values he learns to perceive are only material values. Now a short time ago I spent a happy hour contemplating the glories of the Venus of Milo in the Louvre, and yet the closest examination failed to reveal any evidence of any moral or spiritual element in its structure, and it appeared to be formed of the most substantial material. It is true that I am not a psycho-analyst, and I was probably blind to the suggestive symbolism underlying its apparently innocent outward form. But what I did perceive was that here some great artist, whose name we shall never know, had seen beneath the surface of what was perhaps some very ordinary human form, and with matchless skill of hand and eye had impressed on a mere block of marble the flowing grace, the lovely poise, the calm yet half-expectant gaze which have made his vision immortal.

It is precisely for this attitude of the artist that I make my plea. I ask my students to realize that diagnosis does not consist in the collection of laboratory reports, but in trying to see beneath the surface both of the patient and of his story; and when I go round the wards I try to impress upon them that somewhere beneath the surface, even in the most ordinary case, there may lie hidden undreamt-of possibilities. It would undoubtedly be of great advantage to all of us if many of the artists of the present day would give up the use of materials altogether and would confine themselves to moral and spiritual experiences; but I trust that future generations of surgeons will realize the essentially artistic nature of their work, and will pursue their calling as one of the greatest of the arts.—I am, etc.,

London, W.1, March 30th. H. S. SOUTTAR.

TONSIL PUNCTURE.

SIR,—We were much interested in the paper by Dr. Ramsay and Mr. Pearce on tonsil puncture published on March 23rd (p. 543). As the authors made a reference to a former publication by one of us, E. Cronin Lowe, and being interested in any advance resulting in a better method of obtaining suitable material for bacteriological examination from likely foci, we feel that this short note may add further thought for your readers.

The method of obtaining suitable organisms by means of tonsil puncture is indeed interesting. It strikes us, however, that the needle in all probability penetrates or may lodge in tonsillar crypts in its course, and therefore the organisms obtained by this method are those found actually in the tonsillar crypts and not necessarily in the tissues surrounding the crypts. We have performed such examinations upon tonsils as a definite routine of general investigation in all cases similar to those mentioned by the authors, our technique being identical in the preparation of the patient, but a straight, right-angled firm platinum wire was used to explore the tonsils for crypts, large and small. On many occasions clinically "normal" tonsils and their fibrotic remains contain crypts, single or multiple, into which such a platinum wire may be pushed, sometimes to a depth of half an inch. From such specimens it has been our invariable practice to emulsify the collected material in approximately two drops of saline solution in a tube with a wide mouth immediately after collection. From such an emulsion approximately one-half is taken from this tube and isolated by the successive streak method upon a blood agar plate. This, after a suitable period of incubation, provides a concise idea of the total organisms present, and the approximate incidence of each. It will probably be agreed that blood agar is a most suitable medium for the organisms which are likely to be present from such a focus to grow upon.