

Manchester only subscribed £8,000 a year to the Hospital Saturday and Sunday Funds. A resolution was passed at a meeting of workpeople and others approving of the scheme.

A very important discussion took place in the City Council on October 5th regarding the by-law of the Education Committee which provides for attendance at school till the age of 14. A resolution that school attendance beyond the age of 13 should not be compulsory was opposed by many members, including several of the representatives of labour. It was pointed out, however, that in Germany, Switzerland, and the United States children were kept at school later than the age of 13, and did not go to work till their mental and physical energies were well developed; and also that there were in the Manchester schools 25,000 children. During the past year 4,897 applications for exemption from the regulation requiring that children should attend school till the age of 14 had been made to the Committee, and about 70 per cent. of that number had been granted. This showed that the regulation was approved by the great majority of the parents, less than 20 per cent. claiming exemption. The resolution was defeated. At the same meeting the Council adopted the report of their Special Committee appointed to deal with the new Midwives Supervision Act. The Act will have a far-reaching effect in Manchester, where about 13,000 births annually are attended by midwives.

The Medical Society had a "record" gathering on the occasion of the first meeting of the session, when Dr. Byrom Bramwell delivered an address on Errors in Diagnosis. The address was replete with critically analysed cases, showing the factors that lead to errors in diagnosis, either through want of sufficient data, through conditions in the patient, imperfect acquaintance with his art on the part of the physician, or other causes.

### SOUTH WALES.

*Small-pox Outbreak.—The Cardiff Medical School.—The Midwives Act.—An Opposed Sewage Scheme.*

An outbreak of small-pox occurred at the end of last month at Senghenith, in the Uaerphilly district. The first case came from the neighbourhood of Bristol, and all the other cases, some six in number, were traced as having been in contact with the imported case. All the cases were isolated in the District Council's Small-pox Hospital and as the latest case was removed on September 30th, it is hoped now that no other may occur.

The reopening of Cardiff Medical School took place on October 7th, when the inaugural address was delivered by Dr. A. F. Dixon, Professor of Anatomy, Trinity College, Dublin. He was formerly a professor at the Cardiff School, where he is well known and popular with students, so his address had a specially favourable reception.

The classes in connexion with the training of women desirous of becoming midwives have now commenced at the Cardiff Medical School. The first lecture was delivered on October 4th by Dr. E. J. Maclean, M.R.C.P., F.R.S.Eng., and there was a very large attendance. The Glamorgan County Council and the Cardiff Corporation are giving a certain number of scholarships annually in connexion with these classes. The number of midwifery students now enrolled is 38. In addition to 7 free studentships which have now been awarded, the Glamorgan County Council is contributing £100 a year towards general expenses; while for its part the Cardiff Corporation has established and awarded 3 Free Studentships, and has promised £50 towards the outlay involved by the classes.

A Board of Trade inquiry has been held at the Guildhall, Swansea, by Messrs. W. Mathews and Fry, the former representing the Board of Trade and the latter the Sea Fisheries Board, to take evidence in respect of a proposal by the Swansea Corporation to erect a sewer outfall at Brynmill at a cost of £53,000. Great interest was taken in the proceedings by the members of the Corporation and by those of adjoining district councils, and by owners of property adjoining the foreshore. In support of the scheme evidence was given by Mr. Wyrill, borough engineer, the Medical Officer of Health, and others. On the other hand, it was opposed by the Oystermouth District Council, represented by Mr. J. T. Eayres, M.I.C.E., Birmingham, and others, on the ground that the sewage if discharged at the proposed point would probably pollute the oyster beds and storage pits in the bay. Dr. T. Dryslwyn Griffiths, D.Sc., late President of the British Medical Association, speaking as a ratepayer, opposed the application in strong terms. Dr. W. Williams, Medical

Officer of Health to the Glamorgan County Council, appeared as an independent witness; the general tenour of his evidence was in strong opposition to the scheme.

## CORRESPONDENCE.

### PRINCIPALS AND ASSISTANTS IN MEDICAL PRACTICE.

SIR,—May I ask the following questions in your pages, and ask for some answers, either in the BRITISH MEDICAL JOURNAL or to my address as below?

As you are aware, in certain parts of the three kingdoms the system of assistantcies is quite unknown, and young medical men at once assume direct charge of practices and districts. I am anxious for opinions on the scientific and, shall I say, ethical, value of the assistantcy system.

I would ask from principals:

Has the system by which a young medical man fresh from the schools spends a certain time as an assistant to a medical man before himself entering on independent practice any advantages—

(A) In scientific development of the young medical man's views as to what are called trivial diseases—infectious ailments, women's diseases, and other illnesses?

(B) Ethically, in increasing the young medical man's ideas of attention to patients in private practice after coming from the hurried experiences of the out-patient department of hospitals; in punctuality and general discipline of life; in the elimination of the drunkard, or the utterly neglectful, who at times get diplomas?

From gentlemen acting, or who have acted, as assistants I would ask:

(A) Is there any advantage gained by getting some experience as an assistant to a medical man in general practice as far as scientific knowledge of disease is concerned?

(B) Does any injury occur to a medical man's idea of accurate care of the sick by being first employed as an assistant? and would better care be given if a young man went direct into practice for himself? In other words, does the assistantcy system tend to crystallize and maintain defective traditional and routine methods of practice which would die out if young doctors began practice for themselves direct from great central hospitals?

Personally, I think these questions are of importance when I see young medical men placed at once in charge of remote practices or official districts far away from other medical men.—I am, etc.,

GEORGE EVATT, Surgeon-General.

Junior United Service Club, London, S.W., Sept. 30th.

### MEDICAL DEFENCE AND PERSONAL DEFENCE.

SIR,—This question, with its present state, as it occupies the attention of the Association, depends on the condition which has arisen from the Representative Meeting referring the drafted scheme back to the Central Committee. Surely that important decision more properly concerns the interest of the personal side of defence. Since that reference the Medical Defence Union has made it plain that it declines to see eye to eye with the British Medical Association, at any rate in one certain particular, so far as merging and obliterating its success into an Association scheme.

Meanwhile, the proposal to occupy the energy of the British Medical Association for general medical defence has not been interfered with, but remains consistently justified. My view has been from the first, though retaining it, to part it essentially from the side of personal defence. Further, in the face of the decline of the old medical defence, and by the gradual cessation of the older corporations, to continue an active policy on our behalf, it has become absolutely necessary to look for our protective interests to be guarded elsewhere. No other body now except the British Medical Association could better move or take up the required continuous preservation. But that differentiated side of public medical defence cannot be served by a company dealing exclusively with the personal side of defence; and that materially divides the question.

Personal defence is a benefit, and therefore a useful privilege for members willing to avail themselves of it; but this, I trust, the Committee on defence will seek to arrange for with the existing defence societies, at a subscription of, say, about 8s. 6d., and not launch out into what may well be regarded as a weakening shift of a separate society.

The argument opposed to this proposition has appeared to be that members can already join a personal society. Perhaps I may be allowed to show the following *miscellanea, per contra*: (a) Members would obtain more confidence through the Association's backing of personal defence; and, in good part, that desire has led to their stoutly pressing for a scheme supported by the Association, and it stopped their

joining the societies. (b) For the defence societies not to respect this diffidence, and welcome such an arrangement, would be acknowledged to be decidedly not perspicacious, as the incoming members of the Association would increase their funds; and the opportunity would support a continual authorized inducement to join them. (c) Members would feel and be at an advantage if they had the power at their backs of the occasional help of the standing Defence Committee. (d) In many cases where expert opinion was required, the aid of the extra defence committee, supplemental to the society's council, would become mutually, though not necessarily available, and would carry considerably greater weight before a court of law, in its scientific and not too abundantly interested capacity.—I am, etc.,  
Bognor, Oct. 4th.

H. ELLIOT-BLAKE.

## THE PRESENT POSITION OF ASEPTIC SURGERY.

SIR,—As I believe the reports printed in the BRITISH MEDICAL JOURNAL concerning the present position of aseptic surgery are read by many general practitioners with much interest, I am impelled after reading the latest contribution by Dr. Bantock to send the result of my experience.

I should like Dr. Bantock to consider the position of a provincial doctor who has accidents from collieries, quarries, factories, etc., frequently coming to his surgery. This doctor finds it absolutely impossible to convert the black, greasy, lacerated and painful limb to a condition approaching simple cleanliness (chloroform cases are excepted). He does his best in this direction, then washes it in 1 in 40 carbolic lotion, and 1 in 2,000 sublimate solution and afterwards applies a double cyanide gauze and wool dressing, and with this gets a very much larger proportion of cases healed without supuration than he used formerly to get.

Does Dr. Bantock think that under these circumstances "aseptic" surgery is practically the more perfect method, and that antiseptic surgery is not only a failure, but even a source of injury? If so I can only say that after nearly twenty years' experience of this sort of surgical work I have come to an entirely different conclusion, believing that the antisepsis employed are the only cause of the great improvement.—I am, etc.,  
Darwen, Oct. 10th.

G. T. GIFFORD, M.D.

SIR,—As a member of the surgical staff of a small hospital in a country town, where the ties of general practice prevent one from journeying to the larger centres to learn the latest methods on surgical matters, I took up the number of the JOURNAL dealing with the above subject with considerable avidity. I had hoped to reap much benefit from its perusal and learn from those at the top of the profession how one might obtain good results in operations performed "through unbroken skin." But, alas, the results of reading and re-reading were disappointing. One had hoped to obtain some definite pronouncement, especially on matters of detail. But, no; one was left in a state of still greater perplexity. One authority informs us that "no method of cleansing the hands guarantees sterility." Another tells us that he emphatically denies that disinfection of the skin is impossible. Again, we are told that the aseptic method in private practice, and especially in the country, is "well-nigh impossible." On the other hand, another speaker contends that "aseptic methods are easily carried out in private practice." Other apparent differences of opinion and of fact crop up throughout the discussion.

In your issue of October 8th you insert a letter from Dr. George G. Bantock which has the effect of still further bewildering one. He states that he put the Listerian method to the test, but found it wanting, and cites a record of 90 consecutive ovariectomies, without a single death, performed apparently without the aid of antiseptics. Now, Sir, I ask, what is any one in a position like myself—and there must be many throughout the country—to believe; how are we to improve our results? Our cases do moderately well, but they may not heal by "first intention," and we want them to do so. We will be told to pay greater attention to the details of the operations. Quite so; but the leaders in surgery differ on these details; how can we of lesser account hope to have "settled convictions" on them?

Dr. Bantock relies on "simple cleanliness," and is satisfied with his results. I think it would add considerably to Dr. Bantock's side of the question if he were good enough to give the details of how he performs his operations so successfully by "simple cleanliness and simplicity of apparatus." I am not asking this information in a critical or querulous spirit—

and I trust Dr. Bantock will look on my query in this light—but purely for the sake of further enlightenment. Particularly would I like to know if all his ovariectomy incisions healed without ligature or stitch abscesses.

Montrose, Oct. 10th.

MIDDLETON CONNON, M.D.

## NECROPSIES AND MIDWIFERY.

SIR,—In the BRITISH MEDICAL JOURNAL of October 1st Mr. Leedham-Green, in his article on sterilization of the hands, remarks that a period of abstinence from midwifery is usually observed after contact with specially virulent septic matter. The question is—Of what duration should be the period?

In two cases within the last seven months I have made two *post-mortem* examinations by order of the coroner. The examinations were thorough, no gloves being worn. After the necropsies midwifery calls were declined until 48 hours had elapsed. But within 48 hours after each *post-mortem* a summons to a maternity case was accepted. In one of these the labour was abnormal—a primipara age 31—twins, turning difficult. No abnormal symptoms occurred in the puerperium.

The second case was one of threatened labour at the seventh month—no confinement took place. The hands and arms were disinfected twice over by the method advocated by Dr. Horrocks in the BRITISH MEDICAL JOURNAL, of February 13th.

An authoritative pronouncement on the question submitted would, I believe, be valuable to many engaged in midwifery practice. Neither in Dr. Horrocks's valuable paper nor in the discussion that followed in the pages of the JOURNAL, was it mentioned that a possible cause of puerperal septicaemia is the application of cloths which have been insufficiently cleansed by boiling. Among the richer people the use of portions of Gamgee tissue which are destroyed after use, seems usual, but among the poor linen cloths which have been previously used and washed, are frequently applied to take the discharges. The late Dr. Braxton Hicks believed this to have been the cause of an outbreak of septicaemia in one of the lying-in hospitals.—I am, etc.,

HENRY H. STURGE,

Honorary Medical Officer, Royal Maternity Charity.  
London, W., Oct. 10th.

## MESSAGE IN THE TREATMENT OF ERRORS OF REFRACTION.

SIR,—So far, all comments in your pages on the message treatment of errors of refraction take for granted that the idea is new, and only doubt the truth of the results. The fact is that the results are true in measure, but the treatment is very far from new. The want of information on this subject appears extraordinary, when on no less public an occasion than the International Ophthalmological Congress at Utrecht in 1899 Professor Darier (since President of the Ophthalmological Society of Paris) read a paper on Massage in Ocular Therapy, and referred to Domec's pressure massage for errors of refraction with approval.

Dr. Domec of Dijon has worked extensively for many years at this subject. After reading a long and interesting paper by him in the *Clinique Ophthalmologique* for April 25th of this year, I had an opportunity of testing his method on that very day. An earnest student for Woolwich, aged 16, and studying at Haileybury, had been told, to his intense disappointment, that his sight was much below the required standard of  $\frac{5}{8}$  for each eye. And, indeed, he had, through about 2 D. of myopia, only  $\frac{1}{8}$  with each eye, slightly better with the right than the left. Hitherto sceptical as to Dr. Domec's treatment, I thought I would try it and see. Day by day under his treatment the sight without glasses improved, till on May 3rd he could easily manage  $\frac{5}{8}$ . Nor was it only in the consulting-room that improvement was manifest, for his mother said, "It was wonderful to me the difference it made to him in things about the house."

Were such results only permanent how great the boon would be! But, alas! after another term of work at Haileybury, in spite of the greatest care in the observance of ocular hygiene, the treatment being of necessity suspended, only the slightest trace of the improvement remained, though resumption of treatment soon made it reappear. It is evidently unsatisfactory to obtain results of such a transient nature, and, indeed, Dr. Domec lays stress on repeated courses. I cannot but think it possible that even permanent improvement might follow treatment sufficiently persistent, and it is much to be hoped that it will be taken up by careful members of the profession and that Dr. Domec's suggestions be given