

## MEASLES IN FIJI.

*To the Editors of THE LANCET.*

SIRS,—May I draw attention to a statement contained in the article in THE LANCET of Oct. 15th, 1898 (p. 1027), headed "Australia. (From our own Correspondent.) Infectious Diseases in New South Wales," of which the following is an excerpt: "Measles seems to be almost endemic. The disease is raging in all the Australian colonies and has broken out in Fiji where it is exceedingly fatal to the native population."

It is a fact that measles gained an entry into the Fijian Islands in July last, the first time since 1884; but although there have been more than 200 cases notified and verified by the medical authorities as measles since August 3rd when notification became compulsory there has not occurred a single death. As chief medical officer I hope to be able to supply the Editors of THE LANCET with a copy of the report on the epidemic of Fiji after it shall have been made public in the colony, but in the meantime I feel confident that I have only to point out the error which has crept into the Australian version of the case to ensure its correction in THE LANCET at an early date. It is, of course, well known that measles ran a very disastrous course in Fiji in the year of the great epidemic—1875. The very favourable issue of the new introduction in the present year is ascribed partly to the mildness of its type and partly to the advance in civilisation of the natives during the two decades between and to the intelligent and prompt execution of the restrictive and precautionary measures advised by the medical department.

I am, Sirs, yours faithfully,

B. GLANVILL CORNEY,  
Chief Medical Officer, Fiji.

Suva, Fiji, Nov. 30th, 1898.

## "THE HOUSE SURGEON'S FEES UNDER THE EMPLOYERS' LIABILITY ACT."

*To the Editors of THE LANCET.*

SIRS,—Under the above heading you print a letter from "House Surgeon" in your issue of Dec. 17th which raises a point of some importance in connexion with the duties of medical referees under the Workmen's Compensation Act, 1897. It will not infrequently happen that workmen who are claiming compensation for their injuries will be admitted to hospitals to have their injuries treated, and it is therefore desirable to have a clear understanding whether or not a medical man representing the employers has a right to visit and examine such workmen while under treatment. Unless the point is made clear it is certain that friction is likely to arise from time to time between the officers of the hospitals and the medical referees; for this reason it will be well to refer to the Act itself to ascertain what are the powers conferred on the latter.

In Schedule I., Section (3), it is laid down that an injured workman "shall, if so required by the employer, submit himself for examination by a duly qualified practitioner *provided and paid by the employer* and if he refuses to submit himself to such examination, or in any way obstructs the same, his right to compensation ..... shall be suspended until such examination takes place."

It is the duty of the medical referee (or the employer) to give notice to the injured person of the time and place at which it is proposed to make the examination. It is clear, then, that the Act gives employers the right to appoint their own medical referees to examine claimants on their own behalf and that the refusal of a claimant to submit to an examination acts to his own detriment. From this it follows that no third person has the right to intervene between the injured person and the employer's representative in order to prevent the examination unless it be by the wish and consent of the injured person himself. Your correspondent, "House Surgeon," could not, therefore, legally refuse access on the part of the employer's medical referee to the person claiming compensation for injury, though he was not expected to furnish information himself.

Since the Act has come into force employers have in numerous instances combined in groups to form mutual insurance societies to cover their risks, and these societies have appointed their own referees who are paid for their examinations and reports according to a scale agreed upon or by salary. Under the Act these referees have all the rights of access to persons claiming compensation

that are conferred on the Home Office referees to whom a matter under discussion would be referred by a county court judge or arbitrator. It does not appear that a house surgeon or other hospital officer can claim a right to furnish a report and be paid for it in place of the employer's chosen representative any more than he can claim to act in the place of the Home Office referee. The proper course on occasions such as that described by "House Surgeon" would appear to be for the medical referee to inform the surgeon under whose care the injured person has been placed in the hospital (or failing him the house surgeon) that he has been instructed to make the required examination and to obtain his acquiescence which would doubtless as a rule be courteously granted if the matter is properly put. It would be well, however, that hospital residents who may not be conversant with the provisions of the Act should be informed that it is *ultra vires* on their part to refuse admittance to an employer's medical referee if he is able to produce his credentials.

I am, Sirs, yours faithfully,

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## IRRIGATION IN SUPPURATIVE OTITIS MEDIA.

*To the Editors of THE LANCET.*

SIRS,—If I ask once more for a portion of your valuable space it is because the treatment of middle ear suppuration is a matter of present interest to many medical men and because the results of treatment have persuaded me that the exponents of the so-called "dry treatment" are wrong in condemning the use of the syringe. Quite recently Dr. Goldstein of St. Louis has written an article for the *Laryngoscope* in which he makes some extraordinary statements. He says: "In the therapy of the middle ear suppuration we aim to remove pus from the infected cavity and this purpose is certainly thwarted by the liberal use of the syringe." I do not think many surgeons will accept such a conclusion. Our aim should certainly be to remove poisonous germs from the ear, but the mere removal of pus will not effect this. In the early stages of treatment I consider it essential to encourage a free discharge from the ear, for by this means, and by this means only, can the tissues clear themselves of the poison. Hot solutions are invaluable in arousing the dormant vitality of the tissues. In the later stages I employ dry treatment as much as anyone, but without a preliminary course of antiseptic irrigation dry treatment will effect few permanent cures. I have found the Higginson syringe a most valuable agent and by its means I can certainly cleanse parts that are out of reach of Dr. Goldstein's probe. The ordinary brass syringe is a more dangerous weapon and requires careful handling; as for the glass aural syringe of the chemist it is practically useless.

Few surgeons would think of treating a poisoned wound with dry dressings in the early stages. Some years ago one of our house surgeons treated all his cases of damaged fingers with dry antiseptic dressings. The result was they were constantly being admitted to the hospital with cellulitis of the hand and arm. This gentleman had been impressed with the splendid results under dry dressings of aseptic operation wounds and expected a similar result in the filthy wounds from the workshop. I think the condition of the tissues is more important than the kind of dressing and the first consideration in the treatment of a poisoned wound, as of a poisoned ear, is to get the poison out. Furthermore, I would remind Dr. Goldstein that in the worst class of cases there is practically no discharge at all. Here there is no choice to the surgeon: he must irrigate and frequently if he is to do any good. Possibly much of the doubt that still remains as to the value of irrigation is due to the fact that it very seldom gets a fair trial and that weak solutions of small antiseptic value are too often relied upon.

Long ago I discarded solutions of boric acid, and I now get good results with silico-fluorides which I prefer to mercurials, as there are objections to the latter. Two years ago I expressed in THE LANCET my belief that mercurial poisons have a poisonous effect on the tissue cell as well as on the germ and I find that I am not alone in this belief. Excellent as mercurial dressings are outside a wound I am careful not to irrigate with mercurial lotions when my object is to

encourage tissue vitality. Dr. Goldstein goes on to say that "there is danger in the free use of the syringe in forcing some of the fluids into contact with the remote and healthy areas of the tympanic cavity and thus carrying fresh infection to another point." Now this danger of infecting healthy areas is an objection to the use of the chisel or the burr, but I do not think it applies to the proper use of the syringe. In long-standing cases—for to such I must be understood to refer—there is no part of the middle ear that can be said to be uninfected and yet open to the gentle force of an irrigating fluid, but there are certainly grave objections to the frequent use of the probe in the early stages of treatment. I have certainly never seen extension of mischief after irrigation, nor have I ever failed to note improvement. I doubt if dry dressing *per se* will ever give so good a result. And I do not think the mastoid operation has as clean a record. The importance of the subject must be my excuse for this little protest. The multitude of neglected cases of otorrhœa remain a reproach to the profession at the close of the nineteenth century.—I am, Sirs, yours faithfully,

F. FAULDER WHITE, F.R.C.S. Eng.,

Honorary surgeon to the Coventry Hospital and to the Ear and Throat Department.  
Jan. 16th, 1899.

### "THE TOPICAL USE OF QUININE IN LEUCORRHOEA."

To the Editors of THE LANCET.

SIRS,—Dr. W. W. Hardwicke has done good service in bringing to notice the value of quinine in leucorrhœa and some uterine affections.<sup>1</sup> I can confirm his observations very confidently, having employed hydrochloride of quinine in all cases of leucorrhœa, granular erosion of the cervix, and in all forms of vaginitis and septic endometritis for a period of eight or nine years. Its action is admirable, this salt of quinine being powerfully antiseptic (*vide* Martindale's Extra Pharmacopœia) and mildly stringent. As an intra-uterine douche in septic endometritis it is very prompt in effect and perfectly unirritating. For vaginal use I have employed pessaries of 2 gr. or 3 gr. of the hydrochloride in glyco-gelatin medium, one-drachm or two-drachm size, the glyco-gelatin being made with hazeline (ext. hamamelidis liq.) instead of water. Such pessaries, especially the larger, reduce uterine congestion and cause a remarkable contraction of a flaccid vagina, so that after a few days of their regular introduction at bedtime it is sometimes necessary to employ a smaller speculum for examination. Hydrochloride of quinine is soluble 1 in 36 of water. For douching a grain to the ounce of warm boric acid solution answers well, as also for washing out the bladder. Four grains to the ounce with a little cocaine in boric solution makes a good urethral injection and may be used at the very earliest stage of gonorrhœa. From two to four grains to the ounce of the same salt in boric solution, with or without cocaine as required, is in my experience by far the best lotion for ophthalmia neonatorum and gonorrhœal ophthalmia and also for ulcers following hypopyon. Quinine is now sufficiently cheap to allow of its liberal adoption as an antiseptic in suitable cases, but steel instruments should not be soaked in it.

I am, Sirs, yours faithfully,

R. SHALDERS MILLER, F.R.C.S. Eng., &c.

Slough, Jan. 10th, 1899.

### THE NEW MIDWIVES BILL.

To the Editors of THE LANCET.

SIRS,—The publication of the text of the Midwives Bill of 1899 in THE LANCET of Jan. 7th affords those interested an opportunity of examining its provisions. Your attitude towards midwife legislation has been consistent throughout and during the heat of the discussion on the Bill of 1898 you did not fail to denounce certain of its provisions and to admit to your columns the views of both the promoters and the objectors. This being so I ask permission to point out a serious flaw or two in the present Bill which, upon the whole, is a great advance and improvement on its predecessors. In THE LANCET of Nov. 12th, 1898, pp. 1283-84, you say: "No Midwives Bill which

we have yet seen contains any provision for ensuring that in every serious case a lying-in-woman, however poor, shall have the benefit of qualified medical attendance, and without such provision no Midwives Bill should pass." To this I replied on p. 1365 of your next issue and I am still of the same opinion. There appears to be a rooted objection among the promoters of midwife legislation to *strict personal supervision* of the practice of midwives by medical men and in this respect there is no improvement in the Bill of 1899. All that is there laid down (*vide* Clause 9 *et seq.*) is a general supervision by the medical officer of health or "other practitioner or practitioners." I do not hesitate to say that such "supervision" would be valueless in practice and as the Bill confers equal powers and privileges on midwives by examination and those in actual practice (who can produce a "character") it is manifest that the great bulk of the Gamp class will take out licences under the Act. In what respect therefore would the "poor" who largely employ these women benefit by the Act? There is only one way out of the difficulty and that is by creating a local supervising authority in each sanitary or Poor-law district composed of lay and medical men and women who would control the practice of both classes of midwives in the lying-in room and who would pay their medical staff for one or two visits to the parturient woman and her infant immediately after confinement. As the Bill is clearly intended to deprive the profession of its midwifery practice in addition to the reasons in its memorandum it is only fair and just to both the practitioners and their former patients to adopt this plan. This was the intention of Clause 3 of my own Bill of last year and it was the crux of the Bill drafted by Sir Blundell Maple, M.P. It would never do to leave in the licensed midwife's hands the choice of a "follower" or "consultant" as this Bill would actually do if the supervision be carried out as proposed. The most stringent set of "rules" drawn up by a central board would be helpless in this respect and the midwife would ultimately "control" her supervisor. All resident medical men who practise midwifery should be on the supervising committee and paid a small fee for their duties, otherwise the Bill, if it become law, will ruin midwifery practice and in no way benefit the "poor." The rich of course can take care of themselves.

Mrs. Garrett Anderson in your contemporary<sup>1</sup> curiously overlooks all this and bestows almost unqualified praise on the new Bill. Apart from what I have already said it would be intolerable to saddle one or even two or three medical men with no legal training and perhaps prejudiced in the midwives' favour with such duties as the investigation of "charges of malpractice, negligence, and misconduct," as well as powers of "suspension" in cases of infectious disease. The former are police duties and the latter would most likely displace the midwife and leave the case in the hands of the medical officer of health. I have already occupied so much of your valuable space that I will only further point out that the negative prohibition in Clause 3, Sub-section 4, would not hinder the midwife from giving attendance to mother and child during the lying-in period, nor from giving information to the registrar of births and deaths which might be accepted or not by that official. This is all the more important at present as various attempts are being made by unregistered persons to override the Registration Act; and with regard to the former point it has already been claimed as part of the new midwife's duty to attend slight ailments in both mother and child after parturition.<sup>2</sup> It is necessary to make *positive* provision against such conduct in the Bill itself. Strict "supervision and control" are the very essence of midwife legislation and in this respect the present Bill is as faulty as its predecessors.

I am, Sirs, your obedient servant,

East Sheen, Jan. 8th, 1899.

ALEXANDER MCCOOK WEIR.

### "KYNOMANIA."

To the Editors of THE LANCET.

SIRS,—In the issue of THE LANCET of Jan. 14th, p. 109, I notice under the above heading the following passage: "In our opinion the state of the law as regards dangerous dogs wants altering. We believe that no dog can be considered dangerous and its owner punished should it bite anyone

<sup>1</sup> THE LANCET, Jan. 7th, 1899, p. 26.

<sup>2</sup> *Brit. Med. Jour.*, Jan. 7th, 1899.  
<sup>2</sup> *Vide Contemporary Review*, March, 1892.