

it will not prevent unregistered women from acting in the capacity of midwives. 2. Because it does not prohibit midwives registered under the Act from assuming the title of Licentiate in Midwifery. 3. Because the proposed constitution of the Midwives Board is objectionable from every practitioner's point of view—that is to say, it will be a body with the constitution of which the general practitioners of this country will have no voice. We cannot for one moment allow the two Royal Colleges and the Society of Apothecaries to exercise powers of nomination, neither can we see the necessity of giving so much representation to the Privy Council. 4. Because the provision made for the local supervision of midwives is impracticable. How in the name of common-sense is a medical officer of health of a large town to exercise supervision over all midwives practising in it?

It is clearly manifest that if we are to oppose this Bill we must without delay, both individually and collectively, appeal to our representatives in Parliament. And, further, I think we should take opportunities of making known our views in the lay press.

Cardiff, Feb. 26th, 1898.

I am, Sirs, yours faithfully,
T. GARRETT HORDER.

To the Editors of THE LANCET.

SIRS,—Without any desire to cavil with Mr. Humphreys there is one expression in his letter to which I beg to take exception. It runs thus: "Is it not, however, for those who disagree with its provisions to put their views clearly before Parliament and to leave the question to its decision rather than to incur the responsibility of causing further delay in a matter in which delay means the sacrifice of many lives and exposure to much unnecessary suffering?" Now, Sirs, at the outside the scheme of registration is clearly an experimental process and Mr. Humphreys is begging the whole question by stating that the delay implies the sacrifice of lives as there is not a particle of evidence in support of such a statement. It is no doubt the fact that a melancholy death takes place occasionally in the hands of an untrained midwife, but that these are exceedingly rare every practical man knows, and it is very difficult to conceive how any Parliamentary measure, however skilfully tinkered up, which revolutionises obstetric practice by offering a premium on quackery can in the long run compensate for the loss of a life here and there under the present system; and, indeed, if there is any assumption with regard to the delay of legislation, to my way of thinking, it is on the score of the longer the delay the better.

Peckham, Feb. 26th, 1898.

I am, Sirs, yours faithfully,
CLEMENT H. SERS.

"NOSTRUMS."

To the Editors of THE LANCET.

SIRS,—While such differences of opinion are held by distinguished members of the medical profession anxious to promote the best interests of the profession as to the meaning of the present Medical Act there can be but little hope of getting a new Medical Act passed. It will surely take an absolute unanimity of object and opinion in our profession to bring about such a result. Both the disputants, however, are agreed that the sale of "nostrums" and patent medicines as at present permitted is a gross evil; with this opinion every medical man in the kingdom will agree, so that upon this subject at least we have unanimity. Is it not possible, therefore, to bring pressure to bear upon the Legislature to deal with this question?

I had the pleasure when addressing the students at St. Mary's Hospital in 1896 of dealing with this subject. In proposing a vote of thanks Sir William Broadbent suggested as a partial remedy that each nostrum should have printed upon the bottle the ingredients and the exact quantities of the drugs. May I make a suggestion—viz., that the Presidents of all the medical corporations and societies should in the name of their respective bodies approach the Board of Trade as a deputation urging such remedies for the existing state of things as they in their wisdom may arrive at after deliberate consultation?

I am, Sirs, your obedient servant,
Feb. 27th, 1898. MORTON SMALE.

P.S.—I will with pleasure send a copy of my address to anybody who would care to have it.

"DEATHS WITHOUT OBVIOUS CAUSES."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Feb. 19th you published an annotation bearing the above title. I met with such a case a short time ago. A woman, aged forty-five years, was admitted to the Belfast Royal Hospital on Feb. 5th suffering from a varicose ulcer on the left leg just above the ankle. The ulcer was progressing favourably under treatment, but on the 13th the patient suddenly felt an attack of slight dyspnoea with pain at the heart; this lasted for about thirty seconds when she expressed herself as feeling quite well; in ten minutes she was again seized with the same symptoms and died inside a minute. On a most careful post-mortem examination made by Dr. Lorrain Smith, lecturer on pathology, Queen's College, Belfast, no cause for death could be discovered. There were no signs of phlebitis nor could any traces of clot in the pulmonary vessels be found and all the organs were in a healthy condition. During the week the patient was in hospital she appeared to be a very healthy woman and she was kept at absolute rest in bed till she died.—I am, Sirs, yours faithfully,

ALEX. MONTGOMERY, M.B. R.U.I.
Feb. 28th, 1898. Resident Surgeon Belfast Royal Hospital.

TOTAL ABSTINENCE IN ASYLUMS.

To the Editors of THE LANCET.

SIRS,—The annual meeting of German alienists took place last September in Hanover and I beg leave to call the attention of THE LANCET to two subjects which cannot fail to interest the English medical profession.

1. This meeting after an exhaustive discourse by Professor Jolly, of Berlin, and on the motion of the learned professor, passed unanimously a resolution directed principally against a criticism contrary to facts on the part of the Reichstag in January, 1897, having reference to the actual condition of German asylums. This resolution is as follows: "This meeting concurs in the proposal adopted at the sitting of the Reichstag for regulating in conformity with the laws of the empire the supervision of lunatic asylums. But this meeting considers it a duty to point out once more that the most important reform consists in the establishment of independent boards of supervision directly subordinate to the minister and at the head of which stands a specialist occupying that post at headquarters."

2. The subject of alcohol in lunatic asylums was exhaustively discussed by Professor Hoppe, of Allenberg, who concluded his discourse by expressing the opinion that alcohol should not only be kept out of the reach of drunkards by establishing in asylums a so-called drunkards' department but should be kept altogether out of asylums, milk or lemonade being substituted for it. "If alcoholists," contended Professor Hoppe, "were not to be allowed to have alcohol then the other patients should also not be allowed to have it, as otherwise it would be impossible to make alcoholists practise total abstinence."

The greater portion of the alienists present were in favour of Professor Hoppe's views; and some of these alienists, amongst others Professor Forel, of Burghoelzli, and Professor Mocli, of Berlin, have already introduced the system of total abstinence into the respective asylums of which they are the medical superintendents.

I am, Sirs, yours faithfully,
Villach, Feb. 28th, 1898. DIRECTOR SCHLANGENHAUSEN.

THE TREATMENT OF BURNS AND OTHER SURFACE WOUNDS.

To the Editors of THE LANCET.

SIRS,—The surface wounds of a lower animal, such as a dog, heal as a rule very much better than those of a man, particularly when the former has not and the latter has the advantage of experienced surgical aid. I do not know that a dog has a like advantage as regards deep wounds such as those caused by a bullet, a lance, or a sword. Certainly I think that a man deeply wounded and tended by a surgeon has a better chance of speedy recovery than a dog with a similar wound that receives no skilled aid; but not so in

the case of superficial wounds. As regards deep wounds, even if the man receives no skilled aid and if his tissues have not been poisoned by alcohol, he yet recovers as quickly as the dog, as witness Turks and Afridis wounded on the battlefield. Apparently, therefore, the human being is not less capable of speedy recovery than the brute. Why, then, his slow convalescence from superficial wounds? I think the explanation is to be sought in the mistaken efforts of the surgeon.

When a dog receives a superficial wound—such as a burn or a scald—he merely licks and keeps it clean; when a surgeon has charge of a man similarly hurt he places on it a variety of surgical dressings. But if we insert a piece of the best of surgical dressings under the skin violent inflammation ensues. Usually we have suppuration, which continues till the foreign body is voided in the discharges. At the best inflammation leads to encystment. But when the skin is destroyed, as in the case of a burn, to these very subcutaneous or subcuticular tissues, which are so intolerant of foreign bodies, we are in the habit of applying foreign bodies—i.e., surgical dressings. Surely no more unscientific procedure can well be conceived. Is it not evident that in this particular the dog is our superior in surgical science and that, like him, we should strive to keep the wounds under our care free from foreign bodies—discharges, bacteria, surgical dressings, &c.? Is it not abundantly evident that when superficial wounds heal in man, particularly civilised man, they do so not in consequence of but in spite of the aid given him by helpers, professional or otherwise?

In view of these considerations I venture to place before the profession a method of treating surface wounds so simple and obvious that I think it must have been tried before, though I cannot lay hands on any authority. It is possible, however, since I have found this method highly successful, that it is not in general use because some small but essential details may formerly have been omitted. At most it is but a modification of the “open” system. Briefly, I do not place the surgical dressings on the wound but on a light wire cage or support, which thus, while permitting them to afford protection, prevent them acting as foreign bodies. The wire support is easily manufactured. If the wound be on a flat surface—as on the chest—a stout wire of suitable length is bent into such a shape that when placed over the wound it surrounds the latter but rests everywhere on uninjured tissue. On this wire as basis is woven a wide network of lighter wire, so that a shallow dish of wirework shaped somewhat like the wound, but larger, results. If the wound be on a limb a cylinder of similar wirework is made in two longitudinal parts, which are hinged together, so that the cylinder may be easily applied to, or removed from, the limb. The circumference of the shallow dish and the ends of the cylinder are padded by wrapping some soft material—carbolised wool, for instance—round the thick supporting wire. When in place the apparatus may be covered by any dressings the surgeon chooses and it is retained in place by strapping or bandages.

On one detail of the treatment it is necessary to insist with the utmost emphasis, the surface of the wound *must* be kept absolutely clean. It should be gently sponged daily, twice, thrice, or oftener if necessary, with some mild antiseptic fluid such as boracic or weak (1 in 40) carbolic lotion. Otherwise the discharges, coagulating on the surface, form a cake under which pus is retained and which proves in experience more hurtful than any other foreign body. In order as much as possible to prevent the discharges drying and so caking I usually cover the supporting cage with wet lint and the whole with waterproof. If in spite of precautions the lymph does cake it may be softened by soaking in olive oil and then removed.

The advantages claimed for the above method are the following. 1. It is rational, whereas the methods generally in use are pre-eminently irrational. Hitherto our advance in surgical procedure has been in the direction of substituting for irritating applications others less irritating but still harmful. For example, we have substituted antiseptic for septic dressings and one surgeon has for ordinary antiseptic applications substituted metal plates. The present method seeks to abolish altogether the use of foreign bodies as *applications* while retaining them for purposes of protection. 2. The apparatus is very easily made, as may be proved by any one possessed of sufficient wire and a pair of pliers. It is, moreover, easily sterilised by boiling or immersion in an antiseptic fluid. 3. The wound

is very quickly, easily, and painlessly dressed. No longer has the wretched patient—and the attendant—to endure the agony accompanying the recurrent stripping of adherent dressings from an inflamed and exquisitely sensitive surface, as, for example, a large burn. 4. The dressing requires no particular skill and therefore this method is especially suitable to the poor when suffering, for example, from varicose ulcers. 5. Wounds heal with a quickness as delightful to the surgeon as to the patient. No longer do superabundant granulations arise; deep ulcers rapidly fill up to the level of the skin; the whole surface takes on a healthy aspect in preparation for the zone of young skin which advances uninterruptedly from all sides till the process is complete; no longer do healed surfaces “break down” as is so commonly the case when dressings are applied directly to the surface; and seldom, so far as I have been able to observe, do thick cicatrices occur, the contraction of which is so frequent a cause of deformity. These thick cicatrices result from the formation of fibrous tissue due, doubtless, in severe cases partly to considerable tissue destruction but more generally to the mere irritation induced by the presence of foreign bodies. They do not occur in deep wounds when there is no great tissue destruction and from which collections of pus and other foreign bodies are from the first absent; and they rarely, if ever, follow the surface wounds of animals, which I have seen of huge size abroad (e.g., the saddle-galls of horses). I take it, in fact, that the formation under dressings of a thick layer of fibrous tissue, or of tissue which subsequently becomes fibrous, is a process of the same order as that by which a foreign substance within the body becomes encysted and is thus separated by a tissue more resistant from others less resistant. 6. The method is almost ideally aseptic. It must be remembered that the bacteria of putrefaction have their habitat not in healthy tissues but in dead organic matter. The living tissues are germicidal. The present method aims at the quick and effectual removal of the nidus; under methods ordinarily pursued the discharges are banked up on the wounds for varying periods and are made antiseptic by poisons which, since they are inimical to the life of the bacteria, must generally be inimical to the life of the tissues. 7. Lastly, the whole treatment is very much less disagreeable than ordinary methods to the patient. The sufferer no longer feels a gradually increasing sensation of heat, pain, and discomfort as the discharges accumulate beneath the sopping dressings, nor does he behold the nauseating mess usually found when the dressings are removed. In the absence of irritation little pus is formed and the exudation is mainly serous.

I have made high claims for this “cage” method of treating surface wounds. But I shall be only too glad if surgeons will submit it to the severest tests possible. Let them, for instance, treat thus old and foul varicose ulcers which have defied all other methods of treatment or wounds which have repeatedly broken down. Or let them cover the whole of a wound with such an apparatus as I have described, but under the cage on part of the wounded surface let ordinary surgical dressings be placed. Then let the difference of behaviour between that portion of the wound which is in contact with an irritating foreign body (i.e. the surgical dressing) and that portion which is not so affected be observed. Even when small the portion covered by dressings will be the last to heal. Or let vaccination vesicles, which are ordinarily treated in accordance with rational principles without dressings, be covered with “protective,” the commonest of surgical dressings. The surgeon will receive an instructive object lesson as I did on an occasion when I unwittingly performed an unhappy experiment. I vaccinated a man who was about to enter one of the public services. He subsequently complained that the vesicles interfered with his work, and, thoughtlessly, I covered them with protective, whereupon the surrounding area underwent severe inflammation.

If the above experiments be tried I think surgeons will come to the conclusion that surgical dressings when applied to wounded surfaces are anachronisms, relics of barbarous times when even more pernicious dirt—i.e., matter in the wrong place—was applied to such surfaces. We now strive to remove foreign bodies from deep wounds; we should strive to remove them from surface wounds also. Messrs. Allen and Hanburys, of Plough-court, Lombard-street, will keep a stock of surgical cages, and will manufacture them to order.

I am, Sirs, yours faithfully,

Southsea, Feb. 17th, 1898.

G. ARCHDALL REID.