

Correspondence.

"Audi alteram partem."

THE CASE OF DR. JOHN HENDERSON BELL.

To the Editor of THE LANCET.

SIR,—On June 29th of last year Dr. John Henderson Bell was convicted of "attempting to produce a disease in a man belonging to H.M. Forces" and in the following week of "doing an act preparatory to producing a disease or infirmity" in another member of H.M. Forces, and on conviction was sentenced to six months' imprisonment with hard labour. The sentence on appeal was modified to imprisonment for the same term in the second division.

At the last meeting of the General Medical Council his case came before the Council, sitting to hear disciplinary charges against practitioners. The Council received evidence tendered at length by Dr. Bell and by counsel on his behalf, with the result that they did not see fit to erase his name from the Medical Register. The fact of conviction was accepted by the Council, reference being limited to the consideration whether or not the evidence justified removal of Dr. Bell's name from the Register. Dr. Bell in his statement described the treatment which he had administered in the two cases. In that treatment he appears to us to have followed a perfectly usual medical routine.

The first patient, a deserter who had stolen another man's papers, complained of a condition for which the treatment given would have been suitable. This man, who may have believed what he said, informed the military police that an operation had been performed upon him by Dr. Bell with a view to rendering him unfit to rejoin the Army. The second patient was an *agent provocateur* acting under the orders of the police, and such treatment as he received was the perfectly correct proceeding on the part of a medical man who was attempting to make a diagnosis. Dr. Bell's arrest was effected by a concealed police officer while he was in attendance on the *agent provocateur*. Not only did Dr. Bell treat the alleged conditions in accordance with the usual medical practice, but he received only the ordinary and modest fee from the first patient, an imposter who appears to have paid a sum of money to a third person in order to obtain medical treatment which would produce a disease. Dr. Bell did not receive that money, nor did the prosecution suggest that he had received it. No motive, therefore, for the imputed misdemeanour was alleged, while Dr. Bell's actions were in consonance with his entire innocence.

At the time of the conviction THE LANCET stated that there had been a miscarriage of justice. This miscarriage has been rectified to a certain extent—that is to say, Dr. Bell's name has not been removed from the Medical Register, a proceeding which follows automatically upon a criminal conviction. The decision of the General Medical Council not to erase his name from the professional roll was received not only by Dr. Bell's friends and patients, but also by the medical public, with profound approval. But, while his good name is thus restored to him, he remains under the weight of a substantial pecuniary burden. His misfortunes have cost Dr. Bell at least £800, and, despite the many claims upon the charity of medical men, we hope that a subscription may be raised at once to relieve him from this debt. There is not a medical man who may not find himself exposed to similar charges and victimised by similar proceedings.

We shall be very happy to receive subscriptions to a fund to reimburse Dr. Bell his expenses.

We are, Sir, your obedient servants,

DAVID FERRIER, WILLIAM OSLER,
G. LOVELL GULLAND, STCLAIR THOMSON.

July 22nd, 1918.

Subscriptions should be sent to Dr. Kinrier Wilson at 14, Harley-street, W.1, and will be acknowledged in the columns of *The Lancet* and the *British Medical Journal*.

THE BACTERIOLOGY OF THE PREVAILING PANDEMIC.

To the Editor of THE LANCET.

SIR,—In your issue of July 13th Captains Little, Garofalo, and Williams write of their finding a small Gram-positive diplococcus as the predominating organism in the secretions

of 20 cases from the prevailing pandemic, and of their inability to find *B. influenza* (Pfeiffer). As you state on p. 51 that this is the first serious contribution to its bacteriological study, it would seem of value to record contrary findings, few though they may be.

The expectorated sputum from a small group of typical cases was taken, as far as possible, early in the course of the disease. After washing the sputum in several changes of salt solution cultures were made on whole-blood agar and stained films prepared. In three-quarters of the number a typical small, watery, transparent, discrete colony was found in more or less profusion (in one case in almost pure culture). Films from these colonies gave a short, moderately slender, Gram-negative bacillus, tending to form groups, that was therefore considered to be *B. Pfeiffer*. The stained films also showed numerous rods of the same morphology as the cultures, although other rods and various cocci were present in all films, and in some cases numerous.

According to verbal report, investigations of other bacteriologists with the B.E.F. in France tend to support the view that the present pandemic is due to infection by Pfeiffer's bacillus, and therefore truly influenza. I quite agree, however, that the term influenza should be restricted to such cases and other names be given to epidemics due to streptococci (such as the recent Chicago outbreak investigated by Capps and Rosenow), diplococci, or other organisms.

I am, Sir, yours faithfully,

E. B. KRUMBHAAR, M.D., PH.D.,
16 (Phila., U.S.) Gen. Hosp., B.E.F., Capt., M.R.C., U.S.A.
July 19th, 1918.

THE STERILISATION OF INFECTED WOUNDS.

To the Editor of THE LANCET.

SIR,—In the article by Colonel Sir Almroth Wright and his colleagues on the physiological sterilisation of infected wounds in THE LANCET of June 15th two facts are brought to light which must be regarded as of great importance in the future development of the treatment of gunshot wounds. These observers have shown: (1) that putrefactive organisms are destroyed by healthy serum alone; (2) that streptococci and staphylococci, while thriving in serum, are destroyed by leucocytes in the absence of excess of serum.

These important observations seem to establish a reasonable basis on which to build up the principles of treatment of wounds infected by these organisms. That caution is necessary, however, in the application of knowledge gained in the laboratory to conditions met with in the actual practice of surgery is shown by the fact that the conclusions drawn by Sir Almroth Wright from his experimental results, in so far as they refer to the closure of infected wounds, are far removed from those arrived at by clinical experience. Sir Almroth Wright states that wounds after early surgical cleansing and resection are "as good as sterile," and can be sutured with only the risk of an "occasional" failure if no dead spaces have been left. This is in general true, provided that the wound has not before operation been infected with virulent streptococci. But it is now commonly recognised by surgeons who have worked at the closure of wounds that in the presence of these organisms suture is almost certainly foredoomed to failure, and, furthermore, that unless the sutures are quickly removed and the wound laid widely open grave danger to the patient is likely to ensue.

Sir Almroth Wright also states, if I understand him correctly, that wounds infected with hæmolytic streptococci, on the surface of which there is abundance of leucocytes—i.e., pus—can be safely sutured if the serum be first carefully removed by dry gauze and the surfaces brought into accurate apposition. This is also contrary to all surgical experience, and there can be no doubt but that anyone who attempts such a proceeding is courting disaster. The results, therefore, of these ingenious experiments do not appear to coincide with the facts of clinical experience, and it is necessary to inquire wherein lies the discrepancy—for discrepancy there certainly is. The accuracy of experimental results vouched for by Sir Almroth Wright is of course beyond question. The clinical facts which I have mentioned are also beyond question, having been independently confirmed by a host of workers, both British and French. The explanation must therefore be that some material difference exists between the conditions of the experiments conducted in Sir Almroth Wright's laboratory and those made every day by surgeons

in the operating theatre and wards. In the laboratory the leucocytes and organisms are confined within the impenetrable barriers of a glass cell. Save by the reproduction of the individuals concerned, no reinforcements can reach this arena, and no undesirable drops of serum can exude into it. He is dealing with a thin stratum of relatively homogeneous material—i.e., serum, leucocytes, and organisms—evenly infected throughout its depth. The surgeon is dealing with tissues of varying resistance and quality, whose blood and lymph supply is endlessly variable from case to case, and which are infected to varying depths from the accessible surface. It does not seem to me to be possible to argue from one to other. A bacteriological study of the walls of infected wounds by means of sections must be an essential item in any attempt to reconcile these laboratory results with the experience of practical surgeons; at present, in spite of the great merit of his contributions to our knowledge, Sir Almroth Wright appears to me to be arguing dangerously upon a false analogy.

It must be noted, also, that the conditions postulated by Sir Almroth Wright for success in the closure of wounds infected by streptococci can seldom be attained in the human body. How is it possible to close any wound in such a way as to prevent the exudation of a few drops of serum between its surfaces? And yet a drop of serum at any point, according to Sir Almroth Wright's own showing, may enable the streptococcus to thrive there and vitiate the result. Such perfect microscopic apposition of surfaces as would be required to fulfil the conditions laid down appears to be beyond our reach. It has been suggested by Sir Almroth Wright himself that failures of primary suture after early excision of wounds may be due to absence of sufficient numbers of leucocytes at this stage. This may be so, but whatever the explanation, the fact remains that the primary suture of wounds which contain, before operation, hæmolytic streptococci will practically always fail.

Full of suggestion as these researches are regarding the further evolution of the treatment of septic wounds, it is necessary to accept the conclusions drawn from them with reserve, for to act too hastily on the principles laid down would involve unnecessary and unjustifiable risk to wounded men.

I am, Sir, yours faithfully,

FORBES FRASER,

Captain, R.A.M.C.

France, June 18th, 1918.

INFANT MORTALITY AND MOTHERCRAFT.

To the Editor of THE LANCET.

SIR,—Dr. H. W. Pooler's main criticisms in his article on this subject in your issue of July 6th are two in number: (1) that I have endeavoured to eliminate poverty as a cause of infant mortality; and (2) that I have underestimated the value of "mothercraft." With regard to (1), I have certainly never attempted to ignore poverty as a cause of infant mortality and many other manifestations of ill-health. My view is quite clearly expressed that poverty acts mainly as a cause of ill-health by forcing people to live in crowded and insanitary areas, and that under rural conditions it is possible to be earning very low wages and at the same time to enjoy a high degree of health. I illustrated this by comparing the low rates of infant mortality among agricultural labourers in England and the poverty-stricken peasants of Ireland with the high rates prevailing among the much better paid miners. Dr. Pooler is not accurate when he states that the real excess of infant mortality only occurs among the unskilled and casual workers of the town slums and not amongst the skilled and respectable artisans of the better type of working-class neighbourhoods. There is, as a matter of fact, an excess in the infant mortality rates among all classes in large urban districts when compared with agricultural areas, even in the wealthy districts of the West End of London. The slum areas are, however, the worst, and in my opinion as long as people are living in these surroundings they will be unhealthy and their infant mortality rates will be excessive, even though their wages were increased tenfold.

On the second point—the value of mothercraft, and the effect of industrial employment in preventing mothers from looking after their infants—Dr. Pooler emphasises his views by referring to the decline of infant mortality during the Lancashire cotton famine and the siege of Paris, which he attributes to the return of the mothers to their homes and the increase of breast-feeding, and greater opportunities for

domestic care and cleanliness. I have not studied infant mortality during the two periods he refers to, but it is very difficult to accept the remarkable explanation he gives. On the other hand, during the war there has been an unprecedented increase in the industrial employment of women, and it is reasonable to suppose that many thousands of mothers have been able to devote far less time to their households and to the feeding of their infants than they would have done under normal circumstances; yet these years have not been accompanied by any rise in the rate of infant mortality.

Dr. Pooler says: "Mothercraft means carefulness, personal cleanliness, clean bedding, clean floors, proper storage, preparation of food (including milk), frugality, thrift, sobriety, early hours, and, above all, breast-feeding." In your leading article, sir, you quote this observation, and you add, "The opportunities for all these things the countrywoman possesses to a far greater extent than her sister in the slums." Again, after referring to insanitary conditions in country cottages, Dr. Pooler says: "It is always possible during part of the 24 hours for the infants to be right away from their noxious influence. On the other hand, in the overcrowded areas of large towns, and in many mining villages, it is a sheer impossibility for the infant to get away from the effects of his own immediate environment or that of his neighbours." Both these statements admit my whole position. It is not nearly so much teaching which the town mother needs as the opportunities for carrying out that teaching. The average working-class mother is not such a fool as she is painted. She knows perfectly well that the right things for her baby are good and nourishing food, cleanliness, and healthy surroundings, but in the overcrowded slum districts of our large towns it is often utterly impossible to provide these, where the air is charged with soot and everything rapidly becomes dirty, efficient ventilation of the streets is impossible, the living rooms are small and crowded, baths may be unknown, the milk-supply is unsatisfactory, the storage room for food and domestic utensils is inadequate, and there is nowhere for the children to play except the streets.

I do not wish to depreciate the value of maternity and infant welfare centres any more than I wish to depreciate the teaching of hygiene and the maintenance of hospitals, because I believe that tuberculosis is very largely an environmental disease only to be effectively attacked by destroying vicious surroundings; and nowhere have I suggested that these institutions should be "incontinently scrapped." But I do wish to protest against the tendency to attach an exaggerated importance to maternal ignorance as a cause of infant mortality. I am of opinion that the main cause of excessive infant deaths, as of tuberculosis, malnutrition of school children, and other evils, is overcrowding of houses, congestion of streets, and the absence of large and sufficient open spaces, and so long as these unhealthy areas remain any measures taken can only be regarded as palliative.—I am, Sir, yours faithfully,

The Medical School, Charing Cross Hospital, W. A. BREND.
July 12th, 1918.

To the Editor of THE LANCET.

SIR,—Dr. H. W. Pooler's article in your issue of July 6th raises many important questions, and I think that he shows the futility of generalisation in such a complex problem. Those of us who have been doing this work for some years will agree with him in his concluding remarks that "every district has its own problems to solve. In one it may be housing; in another sanitation; in another poverty and under-feeding; in another overfeeding or improper feeding, carelessness, and low morale; and in yet another it may be atmospheric pollution, and in most a combination of some or all of these."

I feel that the work done at infant welfare centres could be made much more convincing if we could show that the infant mortality in a given district was lower amongst those attending the centres than amongst those not attending. This would entail a slight alteration in the statistical tables of the medical officer of health. I feel sure it ought to be done, and the result, I think, would be disconcerting to the polluted atmosphere theorists. Dr. Pooler in his Table VI. gives the weights of infants attending the consultations in both bad and good homes, but we surely do not require tables to convince us of the fact that a child will do better