

more or less harmful method of prevention. In spite of this conception occurs, and a medical man is consulted with a view to inducing abortion. The description given of the ill-health or sufferings of the patient during her last pregnancy and confinement is sure to be an exaggerated one, and the truth can only be estimated by tactful inquiries, which elicit an evident determination to have no more children—a resolve founded usually upon notions of economy. At such an interview one is lead to realise that if this same patient were endowed with a strong maternal instinct, and was keenly desirous of having a living child, the previous one having been stillborn, all these considerations would be made very light of. Unless there is a strong professional reason why another pregnancy or confinement should be prohibited the physician should listen to no social or domestic arguments, and should refuse to countenance any operation which would tend to prevent conception or to terminate an existing gestation.

In Dr. Kenneth Watson's case the first labour was tedious, and was terminated by forceps. It was accompanied by hæmorrhage and a severe perineal rupture. The second labour was unaided and very rapid, and the perineum was again partially ruptured. These conditions might, perhaps, in the opinion of some, be considered indications for inducing premature labour two or three weeks before full term, but would not, in my opinion, warrant a medical man advising either total sexual abstinence, the adoption of preventive methods, or any sterilising operation.

To advise a woman to have her healthy appendages removed for a moderate contraction of the bony pelvis or of the soft parts is never justifiable, for in these days of antiseptic midwifery a premature labour can be easily and safely induced at the appropriate date, and the child, if properly tended, in no way suffers. If the contraction be so marked that Cæsarean section has to be performed the patient may then easily be rendered sterile without extra risk, though even this is not essential. If an extreme degree of pelvic contraction exist, and is only discovered after conception, and it is evident that a viable child cannot be borne, and the risk of a Cæsarean section is dreaded, abortion should be induced; but I doubt whether it would ever be justifiable to castrate the woman even then—it would be a proceeding which would be so likely to be abused that it is to be hoped it will not be advocated. If ever such a course were indicated, apart from Cæsarean section, I should prefer the vaginal rather than the abdominal method. In these respects, I fancy, Dr. Watson's views do not materially differ from my own.

May I correct one statement which Dr. Watson seems to make? Removal of healthy ovaries is *not* "a recognised procedure in certain neuroses, such as hystero-epilepsy." This was Dr. Battey's original dictum, but oophorectomy, for the treatment of neuroses, has now been discontinued owing to its almost uniform failure to cure.

I am, Sirs, yours faithfully,

Manchester-square, W., Sept. 6th 1897.

AMAND ROUTH.

## "THE EMPLOYMENT OF GLOVES IN SURGERY."

*To the Editors of THE LANCET.*

SIRS,—The note in your last issue on the use of gloves in surgery as recommended by Mikulicz and von Manteuffel causes me to beg space for a few observations. I have not in surgical work found evidence of any insuperable difficulty in rendering the hands sterile, but in septic surgical cases there is danger both to the operator and to his other patients. For such cases I now use the same kind of gloves that I have described and recommended in my small work on "Post Mortems." Since the publication of that work last year I have had from time to time inquiries as to exactly the kind of glove I recommend. At my request Messrs. Mayer and Meltzer, 71, Great Portland-street, have laid in a stock of the gloves so that medical men may be able to obtain them without delay. Of course different pairs of gloves must be used for post-mortem and for surgical work, and they should be kept in separate bags and distinct from the bag used for the apron, &c., worn in operating on aseptic cases. Before removing the gloves they should be washed with soap and rinsed first in water and then with carbolic lotion.

I am, Sirs, yours faithfully,

Old Cavendish-street, W.

J. JACKSON CLARKE.

## POLICE FEES AND THE MEDICAL PROFESSION: AN APPEAL TO THE LARGE TOWNS.

*To the Editors of THE LANCET.*

SIRS,—In consequence of the irregularity in the charges made by medical men the watch committees of several towns have laid down certain scales of fees which they undertake to pay for ordinary attendance when the assistance of the medical man is sought for by the police. In Newcastle-upon-Tyne the scale is 3s. for day and 5s. for night visits; in Plymouth 3s. 6d. and 7s. 6d.; in Bradford 7s. 6d. for both day and night; in Stockport 3s. 6d. and 5s. 6d.; in Cardiff 3s. 6d. and 7s. 6d.; in Exeter 3s. 6d. and 7s.; in Liverpool 3s. 6d. between 7 A.M. and 11 P.M., and 7s. 6d. between 11 P.M. and 7 A.M.; whilst in London it is 3s. 6d. for day and 7s. 6d. for night visits. In Portsmouth it has been recently fixed at 3s. 6d. from 8 A.M. to 10 P.M., and 7s. 6d. from 10 P.M. to 8 A.M.

It must be borne in mind that these fees were primarily made in many towns to govern payment to the police surgeons, who are called to every possible case. Having so many cases the remuneration was considered sufficient. In the case of general practitioners—who are only called in occasionally, and then only to cases of great urgency when there is no time to send for the regular police surgeon—the fees are totally inadequate. The medical profession in Portsmouth, through its Medical Union, has asked the Watch Committee for payment on the following scale:—

For a visit between 8 A.M. and 8 P.M. ... Five shillings.  
For a visit between 8 P.M. and midnight Seven shillings and sixpence.  
For a visit between midnight and 8 A.M. Ten shillings.

The grounds upon which the Portsmouth Medical Union based its request were as follows:—1. Calls to police cases are always urgent and require immediate attention; consequently other work has to be suddenly suspended. 2. These cases are most frequently serious, and involve prolonged attendance, as the police do not apply for help in trivial cases or when there is time to send for the regular police surgeon. 3. Very particular attention has to be given to every possible detail of each case, in view of subsequent legal proceedings. This demands extra time in addition to the extra mental strain involved.

Notwithstanding these explanations the Corporation of Portsmouth have refused to accede to the tariff of the Medical Union. In considering this question it has to be borne in mind that these are not the fees of a public medical service, but only for occasional and urgent cases to which the police require our assistance. How many calls not made by the police to street accidents and sudden illness medical practitioners receive without ever getting the slightest remuneration only the medical profession is aware of? If these cases were paid for by the police where the fees were not obtained from the patient, the scale adopted by the various corporations would be acceptable to the medical profession. It cannot be said that 3s. 6d. is an adequate payment for a sudden call to a police case, although it might be for the less serious street cases to which every practitioner is now and then summoned.

It would seem as if the corporations in their illiberal treatment of professional men had taken advantage of the moral reprobation in public opinion which would follow refusal on the part of a medical man to attend when summoned by the police. Not only public opinion, but feelings of humanity, prompt us to render assistance whenever we are called, whether there be any prospect of remuneration or not; so that for a public body to pay us inadequately for our services under these circumstances is, to say the least, mean in the extreme. It is comparable to being stingy in remuneration to a lifeboat's crew after attendance at a shipwreck, although, if we do not always risk our lives, we might be otherwise, often much more profitably, employed. Portsmouth will have to fight its battle for itself, but I wish to ask the medical men in the towns above mentioned to rebel against the low scale of fees allowed them in these cases and individually, as well as collectively, to notify their watch committees that in future they will require payment on the higher scale. In the event of refusal there is the resort to the county court. Success here, however, much depends upon the sympathies of the presiding judge, and also as to whether the doctor's case is properly laid before him. It seems, at any rate probable, that if a medical man had notified the watch committee of his scale of fees and they were reasonable the committee would be compelled

to pay. Combination of the profession in each town ought to do a great deal in this matter, as evidence in support of a given case should be easily obtainable. Special cases requiring special services must, of course, be considered on their individual merits. It is sufficient for us now to adopt some uniform scale for ordinary visits. I therefore recommend the above scale of fees of the Portsmouth Medical Union as the most equitable that has been suggested, and would urge upon practitioners in every town to demand payment upon this scale.

I am, Sirs, yours faithfully,

T. FREDERICK PEARSE M.D.,

Sept. 4th, 1897.

Hon. Sec. Portsmouth Medical Union.

### "IMMORALITY AMONG SCHOOL BOYS."

*To the Editors of THE LANCET.*

SIRS,—I have read with great care and interest Mr. Hime's article on the above subject, and whilst fully recognising that the vice to which he refers exists to a large extent, and that it is the duty of all concerned in the rearing of boys (not of head masters only, by the way) to do everything in their power to check it, I cannot for one moment agree with him as to the best means of preventing such habits. He divides these methods into two classes: (a) school arrangements; and (b) moral suasion. Of the latter of these I have not much to say, except that a few veiled remarks on the subject in the form of a lecture to a body of school boys do not strike me as likely to do much good. Much more to the point is the advice and warning given by him to each new boy on his arrival at school. It is with the school arrangements for preventing immorality that I have to quarrel, for, in brief, what do they amount to? Nothing more or less than a system of continual spying on the boys night and day, during playing and during working hours, without intermission; they are never allowed to be alone. This is a system calculated to bring out all that is underhanded, vicious, and deceitful in a boy, and to repress all that is above-board and honourable. This was not the plan of Dr. Arnold, the greatest of head masters; it approximates too closely to the French system of education to be agreeable to the majority of Englishmen. If, as Mr. Hime claims, "the companionship [during play hours] of a suitable master was always agreeable to the boys," then he must, indeed, have met with a curious collection of them; there is not one other like them in England. Boys, like everyone else, want to be free from restraint occasionally, and this is impossible with Mr. Hime's method of a master's bedroom opening out of each dormitory, with a master always superintending studies during school hours, and with a master always attached to the boys at play. Without going fully into the treatment of this habit I might call your attention to the old classical remedy—plenty of healthy exercise and not too much animal food—and suggest that these are the lines to go on to arrest the immorality of boys, not those of Mr. Hime.

I am, Sirs, yours faithfully,

L. A. PARRY, M.D., B.S. Lond., F.R.C.S. Eng.

Bartholomew-road, N.W., Sept. 6th, 1897.

### THE HOSPITAL REFORM ASSOCIATION.

*To the Editors of THE LANCET.*

SIRS,—I have much pleasure in informing you that the Earl of Stamford has kindly consented to preside at our conference on Oct. 21st. This will prove a source of gratification to all who are interested in the subjects we propose to discuss, as it is well known that his lordship has devoted much time and attention to the administration of hospitals. My council would like to suggest that the subject of outpatient administration should be dealt with under the following heads: (1) from a consultant's point of view, (2) from a general practitioner's point of view, (3) from an administrative point of view, and (4) from a patient's point of view.

In order that an expression of opinion may be obtained from as many gentlemen as possible it has been decided to make a time limit for readers of papers and speakers, and fifteen minutes for the former and five minutes for the latter have been fixed. Priority will be given to those gentlemen who have announced beforehand their intention of speaking.

I am, Sirs, your obedient servant,

Cardiff, Sept. 7th, 1897. T. GARRETT HORDER, Hon. Sec.

## HEALTH QUESTIONS AT THE ZÜRICH INTERNATIONAL CONGRESS FOR THE PROTECTION OF LABOUR.

(FROM A SPECIAL CORRESPONDENT.)

A REMARKABLE and, in one sense, an unprecedented Congress has been held at Zürich. THE LANCET, of course, is in no wise concerned with the political aspect of this Congress; but the desire manifested by the members to assimilate internationally laws framed so as to protect the health of the working community of all civilised countries involves many questions in which your readers take a deep sympathetic interest. Undoubtedly one of the most effective arguments against legal restrictions upon unwholesome industries, nightwork, and the hours of labour generally is the danger of foreign competition. On the other hand, if similar laws were simultaneously enacted by other countries this danger might be reduced to a minimum. Such was precisely the aim and purpose of the Congress in question. But it does not suffice to merely express a good sentiment or to make advantageous proposals. Ideal reforms are more readily conceived than realised. The practical point depends on the force of the organisations which adhere to these proposed measures. Therefore it is necessary to say a few words as to the political elements which composed the Congress, not for the sake of dealing with politics, but so as to show that the Congress constituted a demonstration of sufficient importance to have some influence on European governments—an influence which will tend towards the improvement of public health. In advocacy of such restrictions on the freedom of labour as may be necessary to preserve the health of the workers there have been innumerable congresses, both national and international, composed of medical men, of sanitary reformers, and of philanthropists. Nor have the workmen themselves been indifferent to their own interests. The annual congresses of the trades unions of Great Britain invariably adopt a number of resolutions demanding better legislation for the protection of the health of the workers. Resolutions to the same effect are likewise discussed and approved at the political gatherings, national or international, of the working class or labour parties. But when such congresses have been representative congresses—that is to say, when they were composed exclusively of delegates elected by organised bodies—they were purely party gatherings. The Zürich Congress, on the other hand, may be qualified as unprecedented because, though composed of the elected representatives of constituted associations, it was not a party congress, but, on the contrary, brought together men belonging to antagonistic parties, who up till now have waged bitter war against each other. There were 375 delegates, representing fifteen different nationalities; of these, 107 were elected by Roman Catholic working-men's associations, some of these being priests, who, like the Belgian Abbé Daens, have acquired a wide reputation for their advocacy of the poor and oppressed. The Evangelical or Protestant associations sent only a few representatives. The other delegates were either trade unionists or members of political socialist organisations. There were also a considerable number of members of the Belgian, Swiss, Italian, Austrian, and German Parliaments, belonging some to the Socialists and some to the Roman Catholic parties. The chair was occupied alternately by M. Sherrer, a leading Swiss social democrat, and by M. Decurtius, leader of the Roman Catholic party in the Swiss National Council or Federal Parliament. Throughout the greatest order was maintained; most of the resolutions were carried unanimously, and in dealing with the need of international legislation for the protection of labour these old and inveterate adversaries forgot their differences and worked throughout harmoniously and amicably, and this, too, in spite of the trying fact that the Congress sat during eight hours a day for an entire week. That such heterogeneous elements should thus have been brought together shows that the demands made are widely approved and not confined to one single faction or party, but are supported by both orthodox and heterodox organisations existing in no less than fifteen different countries. Therefore, there can be no doubt but that the Congress will