

this for the following reasons: (1) the second confinement was in every way more satisfactory than the first, as there was no excessive hæmorrhage and, apart from the perineal tear, which was much less extensive than on the previous occasion, the labour was easy and normal; (2) there is every probability that should the patient again become pregnant, her confinement will be easier than heretofore; (3) it may be possible to prevent any laceration of the perineum by inducing premature labour at a suitable time, when the child will be smaller than at term; and (4) perineal rupture is seldom a complication of labour which is fraught with actual danger to life. Apart from these considerations, the responsibilities and claims of married life cannot be overlooked; and however willing a husband may be to abstain from sexual intercourse with his wife, it is not right that such restrictions should be imposed upon him unless there be a very good cause for so doing. Another question which must arise is, can a married couple in the prime of life live together as happily after such an operation as before?

Finally, what are the guiding principles to be followed in deciding for or against the prevention of pregnancy by means of Battey's operation, providing always that the patient desires the operation and her husband, understanding the risk of the operation and its consequences, gives his consent in writing? In the event of removal of the ovaries being determined upon, ought the operation to be performed by the vaginal method or by abdominal section? The latter is usually chosen as being the more satisfactory and complete. It has been proved beyond doubt that the removal of diseased ovaries does not unsex a woman. Can the same be said for the removal of ovaries presumably healthy?

I am, Sirs, yours faithfully,

JAMES KENNETH WATSON, M.D., C.M. Edin.

Byfleet, Surrey, Aug. 21st, 1897.

## "FIRST-AID TO SAILORS."

To the Editors of THE LANCET.

SIRS,—With the annotation on "First-aid to Sailors," which appeared in THE LANCET of Aug. 28th, those most deeply interested in spreading knowledge of the subject have every reason to be satisfied, excepting in respect of some comments towards the end, and these are evidently due to lack of full information. At the Ambulance Classes held under the auspices of this society the lecturers, being reminded of the circumstances that accidents to sailors do occur in places where it may be impossible to obtain qualified surgical assistance for weeks or months, extended their teaching of how to handle dislocations, fractures, hæmorrhage, burns, &c., beyond the limits of "First-aid to the injured," into what they are pleased to call "Second-aid," giving practical demonstrations. Mr. C. Alan Palmer, to whom this society is much indebted for assistance during a long period, knew of this practice when writing as he did. Having seen and heard much of permanent deformity and intense suffering due to the absence of First-aid knowledge among sailors, being greatly interested in the question, and jealous of Mr. Palmer's credit, I hope to be excused for troubling you with this letter and that you will give insertion to it, or its cardinal points, in your next issue.

I am, Sirs, your obedient servant,

Aug. 21st, 1897.

A. G. FROUD, Lieutenant R.N.R.

## THE MALARIAL HAND.

To the Editors of THE LANCET.

SIRS,—It is well known that long residence in a malarial climate causes, in a large majority of cases, such changes in the colouring matter of the skin that, instead of "sun-burn" a peculiar "putty-like" appearance is produced. With some this appearance disappears after a short residence at home, with others it is permanent. This "West-coast complexion" is so commonly recognised as to need no comment here. The peculiar phenomenon to which I wish to draw the attention of the profession is one which I have called "the malarial hand." I have noticed during my sojourn in the Niger Territories, among those Europeans who have resided on the Niger more than two years, a singular rose-pink colouration of the skin over the thenar and hypothenar eminences and also over the under surfaces of the last phalanges of both hands. This colouration comes on imperceptibly and increases gradually until the

appearance is as if these surfaces had been dipped in red ink. I have not noticed it in persons of any particular complexion, but it seems to affect fair and dark alike, and it always appears simultaneously on both hands, never on one alone or on one before the other. It would be very interesting to hear if a similar manifestation exists in other malarial climates, and if so to what it has been ascribed. Personally I am not yet in a position to give an opinion on the subject, but would be very interested to hear that of *confrères* who have noticed the peculiarity.

I am, Sirs, your obedient servant,

EDWARD E. CRASTER,

Principal Medical Officer, Niger Territories, West Africa.  
Aug. 10th, 1897.

## DR. HOLME WIGGIN ON INFANTILE INTUSSUSCEPTION: A CORRECTION.

To the Editors of THE LANCET.

SIRS,—Permit me to correct a trifling inaccuracy in Dr. Holme Wiggin's interesting paper on Infantile Intussusception in THE LANCET of Aug. 28th. "Case 18" and "Case 19" refer to the same case and not to two separate cases. The mistake has evidently arisen from two abstracts having been made of the same case, one from a reference to my own name and another from a reference to that of Mr. Winter. The case was reported and figured by myself by permission of Mr. Winter, the honorary surgeon, under whose care the case was admitted to the Wolverhampton General Hospital.—I am, Sirs, yours faithfully,

EDWARD DEANESLY, M.D. Lond., F.R.C.S. Eng.,

Hon. Casualty Surgeon, Wolverhampton and  
Staffordshire General Hospital.

Waterloo-road, S., Wolverhampton.

## IS "MEDICAL DEFENCE" DEROGATORY TO THE DIGNITY OF MEDICAL MEN?

To the Editors of THE LANCET.

SIRS,—To the competent observer of medical affairs this must necessarily appear to be the vital question of the day in the medical world, on the answer to which will turn the future and the destinies of the medical profession. For those who should take the lead in defence of medical rights and interests rely, in refusing to do so, almost solely on the assertion, or assumption, or insinuation that for them or for the bodies they represent to do so would involve some loss of dignity and prestige, some humiliation, some course of conduct or some motive less worthy than that pursuit of science which should, they contend, be the sole aspiration and motive of its devotees. The coarsest form assumed by this assertion is that medical defence is trades unionism. The more refined terms in which it is expressed are a deprecation of it in the particular case or cases—an assumption that it would be an unsatisfactory new departure for bodies that have been and should be devoted to science; sometimes an evasion, sometimes a more direct repudiation of such functions—with or without an audible deprecation of them; but whatever terms are used or course adopted, the reason, expressed or implied, is that regard for our common rights and material interests is beneath alike the magnanimous practitioner of a humane profession and the earnest student of science.

To quote the expressions of individuals would unduly restrict proper criticism. Classical illustrations may, however, be given. Such is the recent evasion by the Council of the Royal College of Surgeons of England of the applications made to it to employ its disciplinary powers in restricting the exploitation of its Members for the profit of the lay public in methods and under conditions opposed to the ethics of the profession. In this instance the application was evaded by an oracular reply: "Such an exercise of its powers would interfere with the legal rights of its Members." But this was the question to be considered, and it is not considered by the answer being assumed. The legal right to practise does not include or legalise conduct which the College on proper proceedings pronounces to be "disgraceful in a professional respect." The College would not hesitate to denounce direct touting and advertising or covering to be "disgraceful conduct in a professional respect." If there is no distinction between this and the indirect touting, advertising, and profit earning