

Correspondence.

"Audi alteram partem."

MEDICAL OFFICERS OF HEALTH (SUPER-
ANNUATION) BILL: AN APPEAL TO
SCHOOL MEDICAL INSPECTORS
AND TUBERCULOSIS OFFICERS.

To the Editor of THE LANCET.

SIR,—In the House of Commons on April 18th there is set down for the second reading the Medical Officers of Health (Superannuation) Bill. Medical officers of health, whether whole-time or part-time, are included in the provisions of the Bill, which is on a contributory basis.

A memorandum on the Bill is contained in the April number of *Public Health*, which sets out the strong claims for superannuation of medical officers of health. Medical officers of health are now generally recruited from the ranks of the junior branches of this service—namely, school medical inspectors and tuberculosis officers, of whom there are at present at least three times as many as of medical officers of health. This means that there will always be the larger proportion of officers remaining in these junior branches of the service which are paid at a rate of salary ranging from a half to a third of that paid to whole-time medical officers of health.

Since the Insurance Act came into operation school medical inspectors are, outside institutions, the lowest paid members of the profession. All the arguments in the Bill can be urged in the case of medical inspectors and tuberculosis officers, and the argument contained in the following extract from the memorandum on the Bill can be much more powerfully supported in favour of the junior services:

Moreover they (medical officers of health) can hardly be classed among highly paid officials, and have thus little opportunity for saving sufficient from their incomes to enable them to retire when it might be distinctly in the public interest to do so.

My object in writing is to point out that the Bill does not include school medical inspectors or tuberculosis officers, and to have an amendment brought forward, and, if possible, incorporated in the Bill during the Committee stage to make the words "medical officers of health" include school medical inspectors and tuberculosis officers. To this end may I ask all school medical inspectors and tuberculosis officers to write to me without delay, saying whether they are in favour of such a course; and to write or interview their Member of Parliament urging him to assist the progress of the Bill safely through Parliament.

I am, Sir, yours faithfully,

ALEXANDER GRAHAM,

West Ham, April 7th, 1913.

School Medical Inspector.

PROFESSOR BIEDL'S TREATISE ON "THE
INTERNAL SECRETORY ORGANS."

To the Editor of THE LANCET.

SIR,—Although I consider any controversy with Dr. Leonard Williams in reference to the English translation of my work, "The Internal Secretory Organs," futile and to be deprecated, his letter in THE LANCET of March 29th calls for some remark and constrains me to reply. With your permission I also desire to recapitulate the inner history of the translation and to explain my part in the origin of the strictures referred to by your reviewer.

In my contract with the London publisher I stipulated in the first place that the translation was to be made by a competent expert, and further that I was to be allowed to supervise and to correct it as far as was necessary. I was informed by the publisher that Dr. Leonard Williams would undertake the responsibility of the translation, and I was not a little astonished to find on the publication of the book Miss Linda Forster as translator. I was, moreover, disagreeably surprised that the preface in the original from the pen of Professor Richard Paltauf, of Vienna, had been suppressed and replaced by a foreword from Dr. Leonard Williams without my first being referred to. I am convinced that the

original preface would have been of greater interest to the English reader.

In the typewritten manuscript which was submitted to me in parts—often after a considerable interval of time—I found various inaccuracies, names of authorities wrongly spelt and mistakes of more essential importance due to an imperfect understanding of the original text all requiring correction. I considered it my duty to correct these in detail. To these corrections, for example, it is due that the names of the authors in the English version are more correctly given than in the original. I would not have corrected inaccuracies in the language had my attention not been drawn to them by a thoroughly competent man, Dr. C. Lawrence Herman, of Capetown, who undertook the weary and thankless task of revising and correcting the manuscript.

With due deference to Dr. Leonard Williams, I maintain that these corrections in the majority of instances have been incorporated with great advantage to the translation. If the English version "as a whole is well done and gives very fairly the spirit of the original," this is undoubtedly due in some measure to my friend Dr. Herman. The remarks of Dr. Williams in reference to my "professorial style" and my "knowledge of the English language" are unnecessary and uncalled for, while his desire to saddle me with the responsibility for "some Germanicisms and curious renderings" is unjust. If it amuses Dr. Williams to make fun of my corrections "auf echteste und korrekteste pädagogische Weise," I can only assure him that the revision and correction of the manuscript were undertaken in the most loyal and friendly spirit of coöperation, with the sole desire of making the English version worthy of being read by all interested in the subject in England and elsewhere. Moreover, I am not without hope that Dr. Williams, on more mature consideration, will come to see that his remarks were ill-judged and little befitting the occasion.

The just strictures of your reviewer in his sympathetic and courteous remarks are sufficient evidence that it would have been better had the printer's proofs been sent to me as well for final correction, in which case such errors as "jodothyryn in suprarenals," "gall" instead of bile, "secretary" instead of secretory, "intercranial pressure" for intracranial, would not have escaped me.

Unusual as it may be that an author reserves to himself the right of correcting and amending the translation of his work in a foreign language, the desire of Dr. Leonard Williams to place to my credit any deficiencies in the English translation makes it clear to me that in this instance at least I have not sufficiently safeguarded myself in all directions. Thanking you in anticipation for the publication,

I am, Sir, yours faithfully,

Wien, April 1st, 1913.

Prof. BIEDL.

SOME POINTS IN SURGICAL TECHNIQUE.

To the Editor of THE LANCET.

SIR,—A simple and efficacious plan has occurred to me for ensuring a completely skin-covered, and therefore skin-free, wound during operation, whereby one potent source—the patient's skin—of wound contamination might be obviated. As I feel sure it will prove of value and commend itself to others I will describe it. It is carried out either by the aid of suture or Michel's clips. Directly the skin incision is made and before the operation is further proceeded with, on both sides of the wound the margins of the sterile covering are tucked round the skin margins so as to hide completely the skin from view and fixed in this position till the end of the operation. If a suture be used a continuous or interrupted one is passed through covering, skin, and covering in the order named, whilst if the clips be exploited they are clamped to the skin margins by penetrating the two layers of covering. At the extremities of the wound two clips are applied so as to keep together the two margins of the covering. By this simple, facile, and speedy process the skin is covered and is not seen or touched during the operation (to my mind, a most important, although usually neglected, precaution). Thus, the sterile cloth is carried round the skin margins on to the subcutaneous tissue, on the one hand, and in the other direction covers the skin in the neighbourhood in the ordinary way, and hence it will be seen that the sterile cloth is continuous with the germ-free subcutaneous

tissue, and as far as the patient is concerned we have a sterile field and wound. I strongly commend this simple expedient. I have elsewhere described some towel clips constructed to my requisition by Messrs. Mayer, Meltzer, and Co., one of the chief objects of which was to bring about the same result.

Bearing also on the subject of primary union of wounds, I would like to call attention to a plan adopted recently on my own initiative in regard to the question of operative skin preparation and treatment. This method is based upon the phenomenon, which I think cannot be denied, that all clean wounds heal much better if kept dry, and that moisture undoubtedly favours or provokes inflammation. No one would think of applying a moist dressing to, or keeping wet, a clean wound if healing by first intention were desired, for such an action would court disaster. To operate on a sodden skin would be folly, and I think a good deal of the trouble experienced with wounds, even after the most careful preparation, is due to previous humidity; and to my mind there is no more culpable *agent provocateur* than the favoured and time-honoured protective compress. Probably much of the failure in, and past difficulty in explaining the state of, operative wounds finds its elucidation here. This old and favourite method might be called the wet compress method (lint, protective and wool) as opposed to the one to be described—namely, the dry compress method. I believe much of the value and credit gained by iodine applications to be due not only or necessarily to its hyperæmic and bactericidal properties, but also to the desiccating properties of this preparation. Water being a *sine quâ non* for the life of vital organisms, and therefore of bacteria, and dryness spelling death or quiescence, it would appear that the day of moist applications is over, and that no compress or dressing that includes protective (moisture retaining) should henceforward be considered. Pathological knowledge and surgical experience condemn such. The dry method is as follows. The skin is washed by ether soap (never scrubbed), then gone over with turpentine, followed by spirit of biniodide of mercury. Now come the chief modifications. The skin is covered by sterilised talcum toilet powder; any of these may be used, as the preparations of Parke Davis, Colgate, Sewar, &c. These powders are free from irritating antiseptics, and have valuable desiccating properties. The powder is now gently rubbed into the skin by a sterile piece of wool, after which the part is covered by a thick layer of powder, and the whole region covered by a dry sterile compress, which is bandaged on, but mind, no protective of any kind to keep the skin sodden or retain moisture, and therefore invite bacterial activity and disaster. At the time of operation the skin presents an ideal appearance, for it is dry, and, I think, as a fact and for this reason gives gratifying results; at least, such has been my experience so far. At the end of the operation the line of incision is covered with a thick layer of powder; incidentally this prevents adhesion of wound to dressings, and thereby obviates this source of irritation to the patient as well as to the wound. On subsequent days powder is applied again as required. I have noticed during the adoption of this technique not only absence of redness at the site of incision but also at the sites of the suture punctures. Perhaps a combination of this powder method and iodine might give even better results. But so far I am satisfied.

I would, therefore, lay emphasis on the dry method of preparing the skin, the avoidance of anything that will render moistness inevitable, especially the old and bad protective (oiled silk, gutta-percha tissue, &c.) compress application. The results so far obtained promise well for the future and are most encouraging.

I am, Sir, yours faithfully,

G. S. THOMPSON, F.R.C.S. Eng.

Kimberley, S. Africa, March 10th, 1913.

A DANGER TO HEALTH IN THE NEW FOREST.

To the Editor of THE LANCET.

SIR,—My attention has been called to an article with the above title which appeared in THE LANCET of March 29th, p. 910, that does grave injustice to the work of the medical officer of health for Ringwood, Mr. Charles E. Blackstone, and also to that of the medical officer of health for the county, Dr. Robert A. Lyster, and to the rural district council. Anyone reading your remarks would conclude

that a plague spot, indeed, has been discovered, and that it was administered by a most careless local authority, assisted by thoroughly incompetent officials.

The report of the medical inspector of the Local Government Board, Dr. H. A. Macewen, upon which your remarks are based, is an unfortunate and misleading one, and contains many apparent errors in the statement of facts, concerning which it is difficult to understand how mistakes could arise. As, however, correspondence is going on between the Ringwood district council and the Local Government Board upon this report, I will not attempt to deal with that matter here, but will instead briefly state what actually occurred. Before doing so I may as well freely admit that the water-supply of Ringwood is derived from shallow wells. As the result of examinations from time to time by successive medical officers of health these wells have not been unfavourably reported on, and the district council have given special attention to endeavour to preserve them from surface pollution. There has been nothing in the vital statistics of the district to cause concern, and though a public water-supply is probably an advantage, provided that it is derived from absolutely reliable sources, yet there have been no signs until recently that the ratepayers would sanction such a course.

Coming now to the epidemic of enteric fever last year, the first notifications reached the medical officer of health on August 13th, the cases then being of a mild type, and, I believe, entirely confined to children. The earliest case of the commencement of illness discovered here was on July 26th. We can find no trace of a case on July 18th, as mentioned by you. At all events, no case was notified until August 13th, no doubt because the disease could not be clearly diagnosed before then. On August 19th the district council met, and first heard of the outbreak. They consulted with their medical officer of health and with Dr. J. Gott, Poor-law medical officer, and upon their advice decided to at once engage nurses to work amongst the patients at their homes. The question of an isolation hospital was discussed, but temporarily allowed to remain in abeyance, as doubt was expressed as to the parents consenting to the removal of their children. It was arranged, however, that the health committee of the district council should be strengthened, and be summoned directly the epidemic showed signs of increasing. This committee met on August 21st and many times afterwards, and at once decided to open an isolation hospital, which was done on August 27th, or eight days after the council first heard of the outbreak, and 14 days after the receipt of the first notification. You refer to this hospital as being "of an unsatisfactory kind." It consisted of a fair-sized farmhouse in an open situation, with lofty rooms. A large Doecker hut was added as an annexe and a day room for convalescents was built of wood and galvanised iron in addition. It is a matter of opinion, of course, but most competent judges thought the hospital accommodation fairly good and decidedly creditable under the circumstances. On August 29th a letter was received by the clerk to the district council from the Local Government Board asking that the former body would request their medical officer to submit a report upon the epidemic. The next meeting of the council took place on Sept. 2nd, when this letter came before them and was dealt with. But on August 31st, late at night, Dr. Macewen appeared upon the scene, full of surprise that the desired report had not been received. He called upon the medical officer of health, who, late though it was, was extremely busy, and expressed his views in such language that a speedy termination of the interview was brought about. He also called on the chairman, the vicar of the parish, who no doubt received him with every attention, but as a clergyman with a heavy Sunday's duty before him the next day could hardly be expected to unduly prolong the conversation.

As to the cause of the epidemic, directly its presence was made clear every step was taken to try and establish from whence it originated. Water, milk, school contact, and so on, were all investigated in turn, Dr. Lyster, county medical officer of health, rendering the greatest assistance in the endeavours that were made. In pursuit of this object he had been in conference with Mr. Blackstone on August 31st, and had borrowed the written data for consideration until Sept. 2nd, when he returned it. This was the reason why this data was not available for Dr. Macewen's perusal on the evening of the same day, as he perfectly well knew. Although Dr. Lyster returned the papers on Monday,