

would have been numerous. As it is there are two candidates—Dr. Carter, senior physician to the Queen's Hospital, and his colleague, Dr. Suckling.

## CORRESPONDENCE.

### THE PRESENT POSITION OF ANTISEPTIC SURGERY.

SIR,—The allusion that I made to Professor White's unnecessary readiness to take Sir Joseph Lister's place in an argument upon this subject will be found to bear an altogether different meaning from that forcedly put upon it by Professor White. My article was the criticism of Sir Joseph's address in Berlin, where my own arguments were not only not ignored, but were pointedly alluded to and by name. That, however, is a matter of no consequence. Professor White's unnecessary and inconsequent intervention was due to what he calls "an abiding faith"—a singular corroboration of the criticism I advanced against the whole antiseptic doctrine fifteen years ago. Its analogy can be found only in theological metaphysics. It is like the doctrine of "innate ideas"—it requires "an abiding faith," and, when that has been acquired, its recipient is wholly beyond the province of ordinary reason. I accept—I have often used as one of my strongest arguments—"the every-day facts of the surgical ward." It is precisely because I see the cut of the morning shave heal without suppuration in a healthy man, because I know that simple fractures heal without it, as do contusions without loss of continuity, and because of a hundred other daily facts of surgical experience which are ignored by the "peculiar people" of the "abiding faith," that I laugh at the whole thing.

The facts of the "beef and pickle argument," and those of the henwife and the housewife are quite familiar to everybody in this country, and, taken together with those of the every-day practice of surgery, they prove three things: (1) that the germs of putrefaction exist, with restrained potentiality, in all living tissue; (2) that the restraining influence is what we call, for want of a better name, vital force; (3) that when the restraining influence has its balance upset by what we call disease, lowered vitality, accident, etc., the germs are let loose to work their evil wills. This is the fundamental pathology which I was taught as a youth, and my mature experience confirms it every day in every particular.

One matter aside. Professor White complains of my attack on the deadly and dangerous character of the double cyanide dressing. I have had no experience of it, and my objection certainly was *a priori*. But with the awful experience we have had of the poisonous effects of carbolic, have we not reasonable grounds for fearing in a "double cyanide" something far worse? The part of the whole business of the antiseptic processes, where ridicule becomes the most potent, indeed the only argument, is that when we have seen every few months an infallible nostrum introduced, adopted by those of the "abiding faith," sworn to as the perfection of the system, and then, *incredibile dictu*, dropped into oblivion without a word of explanation or apology. Ordinary, plain-sailing, every-day folk, like myself, were charmed with the idea of the spray. It seemed so complete, so logical, that the confession on the part of Sir Joseph that he was ashamed of it put the final stone on the cairn of antisepticism.—I am, etc.,

Birmingham.

LAWSON TAIT.

### ABUSE OF MEDICAL CHARITIES AND CLUBS.

SIR,—I happen to be in a position to support the statements of Dr. Digby's letter in the *BRITISH MEDICAL JOURNAL* of April 4th. A county club has recently issued a circular specially inviting any person under 55, of either sex, to become members, insuring for sick pay up to 30s. per week, specially mentioning "tradesmen" as a class so invited; all, without distinction, to pay 4s. 4d. per annum as medical fee.

I sent a copy of this circular, with a request for the expression of opinion thereon, to each member of the profession in the county asking: (1) Whether the medical fee suggested was approved of? (2) Whether any practicable scheme would be supported to remedy these abuses in benefit clubs? (3) Whether a pledge would be given to support a suggestion to make the medical fee 4s. 4d. per annum for each 10s., or part of 10s., insured for in sick pay, and to add *ad. per annum*

for each year over 30 in the age on joining, (a) unconditionally, (b) if 100, or — per cent. of our profession in the county agreed?

Of the 130 medical men applied to, 52 sent answers within fourteen days. Of these, 37 expressly disapprove the suggested fees in the circular, 20 have no connection with clubs, and in 7 instances express disapproval of the club system *in toto*, 23 give a conditional pledge to support action to remedy the abuse, 2 only (1 by implication) approve the suggested fees, and positively decline to support any remedial action.

How widely spread is club membership, and how great is the proportion of club members among our patients may be inferred from the fact that I know of 800 such in a district whose population is given as 22,000; and there are more. How seriously our incomes are threatened is evident when we hear men, who have cheerfully paid £5 to £20 per annum for medical attendance, proposing to join this scheme, besides 5 to 10 per cent. of members already in these clubs well able to afford ordinary fees.

The extent of this abuse is, I am sure, not at all adequately realised by those just entering practice. I know of some instances of combination amongst medical men to secure a minimum fee from such members of clubs, and I hear from several correspondents of individual action in remedying these abuses. Clearly the remedy lies in our own hands.—I am, etc.,

Shaftesbury.

C. S. EVANS, M.B.

P.S.—The following paragraphs from the circular of the club are those referred to:—

These are effected upon strict principles of equity by the payment of 1d. a day per share from members not exceeding 30 years of age, and 6d. per year extra for each year beyond 30, thus placing old and young upon an equality. This extra 6d. per year may either be paid by the members or deducted from their interest accounts. Every member must also subscribe 1d. per week for doctor's attendance and medicine.

Members may subscribe for as little as half a share (paying ½d. a day), insuring them 5s. a week sick pay, or as many as three shares (paying 3d. a day), insuring 30s. per week sick pay, with corresponding share of annual surplus; thus, tradesmen paying 3d. a day may secure 30s. a week during illness, and if they contribute for fifty years and leave their deposit accounts intact, accumulate £154.

Any person of good character and of sound health, whose employment is not deemed by the surgeon as hazardous or tending to induce disease, whether male or female, and who is under 55 years of age, may be admitted as a member of the society, but the funds and accounts of each sex shall be kept separate, the dividend given in proportion to the surplus of each.

### THE LATE MR. EDWARD BELLAMY.

SIR,—I was much pleased to see Mr. Ackland's letter in the *BRITISH MEDICAL JOURNAL* of April 4th. I am sure I am only echoing the sentiments of all old Charing Cross men when I suggest that steps be taken to perpetuate, either by means of an annual prize or scholarship, the memory of so good a teacher and so kind a friend as the late lamented Mr. Edward Bellamy.—I am, etc.,

Portishead.

CHARLES A. WIGAN.

### THE MIDWIVES BILL.

SIR,—If Dr. Aveling really maintains that the total average mortality of parturient women attended by trained midwives from metropolitan lying-in hospitals is only 1 in 729, I need only reply: *Credat Judaeus, non ego*. I have no doubt of Dr. Aveling's good faith, and, little as I value their reports, I do not wish to cast doubt on the veracity of the hospital secretaries, to whom Dr. Aveling is indebted for his startling statistics; but there is obviously a mistake in the interpretation of these. According to McClintock, rupture of the uterus occurs once in 737 confinements, and the frequency of this accident has been regarded as still greater by some other authors. Be this as it may, it is certainly a very moderate estimate to calculate that 1 in 729 labours terminates suddenly and unexpectedly in death, from one cause or another. It is obvious, therefore, that what is given as the total mortality in cases attended by trained midwives, is merely an expression of the fact that once in 729 confinements death occurs so rapidly and unexpectedly that the midwives fail to summon medical assistance in time to obtain the customary death certificate. I quite agree with Dr. Aveling that 1 in 116 is a very good average mortality for prominent obstetric physicians, but I would also add that it is equally so for general practitioners and trained midwives. I do not con-