

THE ALLEGED HIGH FERTILITY OF JEWS.

SIR,—I was greatly interested in the letter of Dr. M. Sourasky in your issue of September 8th (p. 469), and I cannot regret my statement at Cardiff, since it has given rise to such a valuable communication. It is true that I was referring only to orthodox Jews living in obedience to the Mosaic law, and I was quite aware that modern conditions had affected this race as well as their Gentile neighbours. It hardly seems possible, however, to explain wholly the remarkable figures quoted, by a "disregard of Biblical injunctions" on the part of the Jews. Is it to be supposed that the Jews in Prague, Bohemia, and Bavaria were, in 1900, restricting their families to double the extent that the Christians of those districts were doing? Surely some other factor, biological or psychological, must have been at work. Reliable figures or facts on the decrease of the birth rate are so difficult to obtain (as we found at Cardiff) that I suggest a closer examination of the records from Jewish sources would be of the greatest scientific value. One thing certainly seems to emerge, and that is that a fall in the birth rate follows rather than precedes an increase in prosperity. The higher the standard of education among Jews, the higher their standard of living and their material prosperity, the lower is the average birth rate; and this, I am informed by a competent Jewish observer, is generally true, whether they maintain the rule of the Mosaic law against deliberate restriction or not.—I am, etc.,

London, W.C., Sept. 10th.

LETITIA FAIRFIELD.

SPIRIT AND BIPP TREATMENT.

SIR,—In your issue of May 26th (p. 892), Mr. N. L. Maxwell Reader describes a case of compound fracture treated after the method of Professor Rutherford Morison. Bipp is the reagent used; that is a detail. It is only fair to the memory of the late Lord Lister to claim for him a decided priority as to the method. Although his name never will be forgotten, it is the fear that his technique is not familiar to the gentlemen named that prompts me to ask you to republish the salient features of what are almost parallel cases.

MAXWELL READER (1928).

"On December 7th, 1927, a feeble old lady of 77 was knocked down by a motor lorry and sustained a severe compound comminuted fracture of the lower end of the right tibia and fibula. . . . The wound was now freely swabbed out with methylated spirit, after which it was carefully dried, . . . a small quantity of bipp was introduced into the cavity, and thoroughly rubbed into every available nook and cranny. . . . The dressing consisted of long pads of gauze freely soaked in spirit, each pad being liberally sprinkled with boric powder. The pads were laid along the wound and did not encircle the limb. . . . The plasters were applied as follows. . . . The old lady remained very feeble and debilitated, but no special pain was felt in the foot, and the temperature caused no alarm. On the seventh day—more from curiosity than necessity—I removed the dressing. The wound was quite dry. . . . From pus to finish not a bead of pus or even serous oozing occurred. At the end of the month the splint was removed daily for massage, and a fortnight later discarded altogether."

JOSEPH LISTER (1867).

"Case 10.—Thomas McB., a labourer, who gave his age as 52, but had the appearance of a much older person, was admitted . . . having been knocked down . . . by a luggage waggon . . . producing a compound fracture in the lower third of the limb. . . . Undiluted carbolic acid was applied freely to the interior of the wound by means of lint held in a pair of dressing forceps and a crust was formed of blood mingled with the acid, covered with lint, over which a cap of tin was placed, . . . The limb was put up with lateral wooden splints, . . .

"Next day the surface of the crust was touched with carbolic acid, . . . and the same treatment was continued for the following fortnight, during which the limb was entirely free from pain, redness, or suppuration, . . . I was present when the crust was removed eighteen days after the accident. Not a drop of pus existed beneath it. . . . Six weeks and three days after the receipt of the injury the splints were removed, the bones being satisfactorily united. This is an excellent example of the effects of the carbolic acid treatment in a compound fracture of the leg of average severity. No simple fracture could have caused less disturbance either local or constitutional."

Here we have two excellent examples of the antiseptic method of dressing wounds, separated in time by almost

exactly sixty-one years, both surgeons claiming originality in the method adopted. By priority, I opine that Lister wins. He used crude carbolic acid: that's a detail.—I am, etc.,

Brisbane, Australia, July 4th.

A. C. F. HALFORD, M.D.

THE FORGOTTEN SWAB.

SIR,—The detailed account of the end-results of the two forgotten swabs in the abdominal cavity given by Dr. H. Roland Segar in your issue of January 21st (p. 95) has greatly interested me, and I feel that Dr. Segar will be equally interested to hear the end-results of a third forgotten swab.

Early in 1926 I came across a patient, who was referred to me by a physician, with a provisional diagnosis of tuberculous peritonitis. She had a sinus in the abdominal wall, following an abdominal operation for some pelvic trouble some six months before. A distinct lump could be felt in the abdomen about the level of the umbilicus. On opening the abdomen I found a sponge walled off by coils of intestine and omentum. The sac was full of pus, and the sponge measured 12 in. by 12 in., with a tape at one of its corners. It had eroded the walls of the intestines. The faecal stains on the sponge were suggestive of perforation. On removal of the sponge the patient had faecal fistulae, which healed spontaneously in ten days, and then recovery was uneventful.

From that day I have had a small smooth silver letter "S" stitched to every sponge, at one of its corners, in my theatres, and every patient is x-rayed or screened before discharge, and I have had no more worries about sponges.—I am, etc.,

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and the Seth G. S. Medical College, Bombay.

July 27th.

PAYING PATIENTS IN VOLUNTARY HOSPITALS.

SIR,—A year ago (October 22nd, p. 751) you drew attention to the dangers of the numerous voluntary contributory schemes which were springing up all over the country, and which, under the guise of "insurance" or "helping the hospital," secured for their clientele, who demand their money's worth, services at far below cost price. During the past six months the medical profession has been much concerned regarding the National Health Insurance Act, 1928, under which approved societies will be able voluntarily to enter into a "commercial arrangement" on behalf of their members for every benefit that a "charitable institution," which includes a voluntary hospital, can provide; but here again at less than cost price. In 1926 only 10 per cent. of the cost was paid.

The poor old ship—the voluntary hospital—staggers under these friendly blows, meant to help her and to keep her afloat. And now, in the *Journal* of August 18th (p. 317), you refer in some detail to a third attack, the report of the Pay Beds Committee of the King Edward's Fund for London, and quite correctly say that "changes in conditions in the metropolis will certainly have their reactions upon the country generally." One calls it an "attack" because these facilities for the middle and upper classes are not to be paid for by them in full. The capital cost of provision of buildings and equipment is to be found by "special appeals." This report should be read carefully by all interested in the transition period in hospital accommodation.

But, before criticizing the report, may I draw attention to two seeming errors in your article. You state that it would appear that the Committee inclines to the solution presented by the British Medical Association policy that, where the pay beds are an integral part of the hospital building, a "closed" staff is generally necessary. Now the policy of the Association is only concerned with two groups of private patients—namely, those in the public wards and those in a nursing home attached to the hospital. No policy has been adopted so far with regard to private patients in private wards and private rooms inside the hospital building. The deputation from the Association overlooked this fact, and stated that the Association was in favour of the visiting staff (that is, a