

politan men cannot agree on a plan, we will exempt them for the present from any legislation—a course which I was asked to sanction when our Bill was before Parliament two years since, as a promise was then held out that by my consenting to this arrangement, the metropolitan members would support a purely country Bill. I did not agree to that suggestion; but in future it may not rest with me to adopt a similar course.

Dr. Fowler states, "With the assistance of the Union clerk any gentleman can readily calculate what the figures, say of the half-year just ended, would produce as his next half-year's salary, according to my plan." This course I have followed, and I find that in one district of the Weymouth Union the resident paupers relieved during the half-year were 166; those having medical orders only 40; and the non-resident paupers, which the Doctor expressly omits in his plan, were 22, and of those 15 were in a lunatic asylum;—that the separate cases of illness were 131, and the repetitions 13, making a total of 144 orders received in the half-year for medical relief. In the second district, the number of resident paupers relieved during the half-year was 138; those having medical orders only 18; non-resident paupers 4, and of these 3 were in a lunatic asylum;—that the separate cases of illness were 171, and the repetitions 11, making a total of 182 medical orders. By the Doctor's plan, the officers of these districts would have their present inadequate salaries considerably reduced; in fact, in one case the payments would average about $1s. 2\frac{1}{2}d.$ per patient, and in the other $1s. 1\frac{1}{2}d.$, instead of $5s.$, as is proposed by the plan of the Association. This certainly is "exclusive of a gross fixed sum for distance or a mileage payment;" but as these two districts are entirely in the town, and the furthest distance not one mile from the residence of each of the officers, they will not be entitled to any extra payment.

Need I say more as to what our poor country medical men may expect, should the views of our metropolitan friend be adopted by the Select Committee? By Dr. Fowler's plan we are left entirely in the hands of the guardians, who may award (see note by Dr. Fowler) "in purely country districts double, or in some few cases treble, these minima rates." The Doctor, it appears, limits this increase to "purely country districts;" but he need not have put "some few cases," as he may rely upon it the treble payments would be few indeed. Again, he writes, "an additional penny for every alternate 10 or 15 per cent. of illness," with the foregoing proviso of its "being doubled or trebled." Dr. Fowler might have added, if the guardians could but be persuaded to agree to such a generous arrangement. He finally proposes "an additional gross sum, to be fixed by the guardians, with the sanction of the Poor-law Board, as a remuneration in respect of the distance which the medical officer may have to travel in attending the sick poor, or in respect of other local circumstances," which in effect is leaving matters precisely where they now are—namely, in the hands of the guardians and Poor-law Board, who at present give to one officer £5 and to another £50 for performing precisely similar work.

In the superannuation clause, Dr. Fowler says it "shall be given to worn-out union (medical) officers giving the whole of their time to the service of the union." Who is to find the verdict of "worn-out"? A jury of matrons? And then who is to be the judge to award the "system of superannuation"? But if these little difficulties are got over, allow me to ask how many of the present medical officers can claim superannuation according to the Doctor's plan, as there are probably not a dozen medical men who devote "the whole of their time to the service of the union"? Has Dr. Fowler considered the effect of a severe winter or the sudden closure of mills in the manufacturing towns, whereby thousands in a single union are suddenly thrown upon the Poor's-rate? It is true this will benefit the medical officer; but is it probable the guardians will be so blind to the interests of the ratepayers as to suffer such a law to pass as that which is now proposed?

Dr. Fowler has applied to be again examined by the Select Committee on his new plan. I therefore hope the metropolitan medical men will at once decide on the course they wish to pursue, and not allow it to go forth that their honorary secretary is the proposer of this new plan in his official capacity.

I am, Sir, yours, &c.,

12, Royal-terrace, Weymouth, May, 1862.

RICHARD GRIFFIN.

SANITARY CONDITION OF THE ROYAL NAVY.

To the Editor of THE LANCET.

SIR,—On reading your short critique on a pamphlet by Dr. Gavin Milroy, I was rather surprised that you should consider the Admiralty specially indebted to him for pointing out evils

and remedies for them in the sanitary condition of ships of the Royal Navy. Although naval medical officers are prevented by the etiquette of the service from publishing their representations on sanitary or other subjects connected with it, a perusal of the Medical Statistical Reports, published annually, or of the surgeons' journals lodged at Somerset House, will show that the surgeons of the Royal Navy have not neglected their duty of representing to the Admiralty, through the medical Director-General, the influences injurious to health which prevail on board ships, and the best means of remedying them. It would be unfair to us to infer that any measures lately adopted by their lordships for the improvement of the ventilation of ships were to be attributed to Dr. Gavin Milroy's suggestions, to the exclusion of those of their own medical officers, based upon observations and experiences in ships of various classes and under every variety of circumstance and climate. The present move in the direction of improved ventilation of ships results from the Report of the Ventilation Committee, which, although it contained no medical members, may fairly be presumed to have had its origin in the necessity for improvement shown by the Naval Medical Reports.

I am, Sir, your obedient servant,

Portsmouth, May 5th, 1862. HENRY EDMONDS, M.D.,
Surgeon H.M.S. *Victory*.

GREEN, OR ARSENICAL, PAPER-HANGINGS.

To the Editor of THE LANCET.

SIR,—Now that the season is approaching when many persons paper and re-paper their rooms, may I be allowed to advise that they should never use green paper, on account of the great quantity of *arsenic* which it contains. From experience as well as from what I have proved by testing green paper, I am convinced of its pernicious effect upon the system of *some people*. For more than four months my own children were suffering from irritable stomach, irritation of the bowels, loss of appetite, and a deadly paleness of countenance. I was dosing and doubly dosing, and yet could not conceive the reason why they did not recover. At last it struck me that the green paper in the room in which they slept had something to do with it. I went up stairs and pulled down all the green paper, and from that day they have never required a single dose of medicine, and now, instead of pale faces, they have rosy cheeks.

I am, Sir, yours truly,

Gisborough, Yorkshire, May, 1862. GEO. SELWYN MORRIS, M.D.

THE CONVERSION OF LACTINE INTO OXALIC ACID BY MUCEDINOUS FUNGI.

To the Editor of THE LANCET.

SIR,—Whilst engaged in repeating the experiments of Pasteur respecting spontaneous generation, I have been led to the discovery of a very singular and unexpected metamorphosis in milk by the agency of a mucedinous fungus: the conversion of the lactine into oxalic acid, and consequent formation of oxalate of lime. Believing this to be not only an interesting but an important fact (from its bearing on some other questions), and having fortunately preserved a record of the experiment, I am enabled to give the entire history of it.

On the 17th September of last year I poured into a test-glass some milk, which had been previously boiled and kept in a flask some months; the milk at the time being perfectly sweet and good. The glass was then tied over with writing-paper and set aside. In the course of eight or ten days afterwards, a few white tufts of mucus appeared, and gradually spread over the whole surface; the mycelium, as the growth proceeded, penetrating deeper into the fluid, the volume of which slowly diminished as it became consumed by the vegetation.

After the lapse of some months, there commenced at the surface of the milk, and at the under surface of the stratum of floccose mycelium, a zone or stratum of fluid of light-brown colour, which slowly increased to a deep coffee brown. It also increased in amount, until the whole fluid was involved in the change. At the time, I attributed this discoloration to some putrefactive decomposition, and did not examine it. The glass and its contents remained in the window of the laboratory, unnoticed and uncared for, until a few days ago, when I thought it time to put it to some more useful purpose. Before carrying this intention into execution, it occurred to me that, after keeping it nearly twelve months, it would be as well to examine the ultimate result of the changes it had undergone.

The original quantity of milk was about three ounces; of