to the courts for an injunction, which I should at once make. Nothing but fresh legislation, such as submitting the whole question to arbitration, can solve the problem.—I am, Sir, yours faithfully,
 Paddington Green, W., July 6th, 1914. H. BAZETT.

THE NATIONAL MEDICAL UNION.

To the Editor of THE LANCET.

SIR,—You will excuse my trespassing upon your time and space, but on reading Mr. E. H. Worth's letter in your issue of July 4th I notice that he has misquoted the principal resolution passed at the general meeting on June 27th. As chairman on that occasion I feel it my duty to give the resolution in full as passed with only four dissentients. It is as follows:—

Resolved: That refusal of service in any capacity under the National Insurance Acts, 1911 and 1913 be a condition of membership of the National Medical Union. Nothing in this resolution shall prevent any member of the National Medical Union from signing certificates to enable insured persons to obtain sanatorium and sickness benefits under the National Insurance Acts in his private professional capacity.

May I congratulate Mr. Worth on his generous offer to the guarantee fund? He is not alone in his enthusiasm, and I can assure him that the National Medical Union stands to become a power in the land.

Hoping that many non-panel readers of your valuable paper will respond to his very forcible appeal for their support to the National Medical Union,
 I am, Sir, yours faithfully,

VIVIAN T. GREENYER.

"Edzell," New Church-road, Hove, July 6th, 1914.

To the Editor of THE LANCET.

SIR,—I read with much pleasure Mr. Worth's letter in your issue of July 4th, and I desire to add my appeal to his and urge all non-panel men to join the National Medical Union, and thereby assist to uphold the best traditions of the profession. The fight, deplorable though the sequel has been, is by no means over, and there may yet be critical times ahead. Surely, then, it is the duty of every man who from principle has not joined a panel to take some part in the work of the National Medical Union, and surely, also, support may reasonably be expected from the consultant branches of the profession, and especially from those who, as teachers in the medical schools, can influence future practitioners.

I shall be glad to join Mr. Worth in increasing my guarantee to a similar extent, and I have no doubt many others will do the same. There are 15,000 non-panel men in the country, and it should be easily possible to make the National Medical Union a most powerful association.

I am, Sir, yours faithfully,

Huddersfield, July 7th, 1914.

W. L. W. MARSHALL.

THE NORWICH MEDICAL INSTITUTE.

To the Editor of THE LANCET.

SIR,—I have read with considerable pleasure the remarks of your Commissioner in THE LANCET of July 4th (p. 51), on the work of the Norwich Medical Institute, of which I am one of the medical officers. I am sorry not to have had an opportunity of meeting your Commissioner during his visit to Norwich, when I think I could have shown even more conclusively that institutional practice gives opportunities for good work to be carried on.

I have only one criticism to offer of your otherwise

fair summary, and it is on the question of sweating. I do not know what dictionary your Commissioner uses, but mine defines sweating as "the practice of employing poor people at starvation wages." I must therefore beg to differ from him as to the strict meaning of the word "sweating." But apart from this verbal quibble your Commissioner—quite unintentionally I willingly believe—proceeds to convey the impression that this institute, like some others, makes a profit for other purposes out of moneys paid for medical services. Such is not the case, and has never been the case for many years before the coming of the Insurance Act—certainly not within the seven years of my association with the institute. With the exception of a small balance carried over from year to year the whole of the income has been absorbed by the medical needs of the members, with the single exception of an insignificant sum—quoting from memory I think about £12 per annum—paid to the Medical Alliance (a body formed to guard the interests of institutes generally) in subscriptions and expenses of delegates to an annual conference extending over two days. For years the lay members of the board of delegates and management committee have not received a farthing for their services. They are now, since the Insurance Act came, paid a small fee for each attendance, which payment has been sanctioned by the Insurance Commissioners as reasonable.

There have been two other payments to which the local division of the British Medical Association has taken exception, though they are both in a sense medical payments. One is a subscription of 5 guineas annually to a convalescent home, and the other is the payment of consultation fees when recommended by us, the medical officers, in cases requiring special advice which could not be obtained at the hospital, and for which the particular patients were too poor to pay. But though the British Medical Association has denounced these payments certain medical men, who would not meet us in consultation, have not been above taking these fees, though well knowing that the institute paid them. I should add that these consultation fees have not averaged more than 12 guineas a year for several years.

I quite fail to see how these payments can be called making a profit out of our service. Why, Sir, so far from wishing to "sweat" us in this way our committee has, owing to delay in payment by the Local Insurance Committee, borrowed money last year rather than ask us to accept a penny less than the percentage to which we were entitled by our agreement with them. They might with fairness have asked us to share the risk and the delay, but they took the whole burden themselves. I speak of lay management as I find it.

I am, Sir, yours faithfully,

Norwich, July 4th, 1914.

ARTHUR H. PRIESTLEY. 2

VITAMINES AND AN UNUSUAL CASE OF SCURVY.

To the Editor of THE LANCET.

SIR,—As your readers at the present time seem to be interested in vitamines, perhaps the following case of "scurvy" may be of interest.

Mr. X., aged 23, came to the Malay Peninsula to plant rubber. He had eaten nothing but porridge, bread (white) and butter, and milk since the age of 3 years. He had always been very fit and well, was of good physique, and had had some success at football, cricket, &c. Four months

after arrival in the Federated Malay States subtertian malaria set in, and six months after arrival he went into the European hospital of the State, complaining of swelling of the left leg and a large "bruise." There was no history of injury and he was discharged in 11 days. A fortnight after his discharge from hospital a second attack of malaria was experienced. Ten months after his arrival in this country he had a third attack of malaria. Then one month after this he returned to the European hospital, as his right leg went "black" and was swollen and painful. There was no history of injury. A diagnosis of scurvy was made. As the patient had nausea at the sight of soup, meat, &c., and vomited if he tried to eat them, he drank lime squashes. He then came under my care, with a view to his being sent home. The patient was bronzed, but had lost $1\frac{1}{2}$ st. in weight lately. The right leg was still swollen and discoloured about the ankle. Pressure on the tibia was very painful. The heart, chest, &c., were clear. Hæmoglobin, 70 per cent. (Tallquist). No parasites in blood. Red blood corpuscles, 3,800,000; white blood corpuscles, 25,000. Urine and fæces, normal.

The patient lived with me for over a week, and as I had no porridge prepared he had to eat "at" whatever was going, and soon could take soup, potatoes, rice pudding, and very little green vegetables and a banana. He quickly improved and was sent to another estate, where there is a resident doctor. He did light work, but soon made porridge his chief article of diet again. In a month he had his fourth attack of subtertian malaria and returned to my care. Hæmoglobin, 65 per cent.; red blood corpuscles, 3,200,000; white blood corpuscles, 25,000. Having scratched a mosquito bite his right leg quickly swelled up and became septic, and when this had healed he returned to England.

This case has two or three points of interest. 1. A man living on practically nothing but porridge without any apparent cause. 2. Scurvy amongst Europeans is extremely rare in the Federated Malay States. I can hear of no other case. 3. The fact that he kept fairly fit so long. I take it that he would probably never have got "scurvy" if he had been able to obtain fresh milk. Fresh milk is very hard to obtain here, and when one has once seen a cow milked one feels much happier with the tinned variety. Also, brown bread is difficult to obtain and does not seem to be made to any extent by the native bakers.—I am, Sir, yours faithfully,

Kuala Lumpur, F.M.S.

R. MCC. LINNELL.

THE COUNCIL ELECTION AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—May I through the medium of your columns thank those gentlemen who voted for me in the recent election to the College Council? At the same time, I would like to take this opportunity to make it distinctly understood that I dissociate myself entirely from the very undiplomatic letter to which Mr. Percy Dunn takes exception in your issue of July 4th. His complaint as to its tone is very justifiable, and its terms are calculated to alienate the cause of the Members and to put back the realisation of their claims.

When I seek election next year I shall reply to

the questions sent me with this experience well in memory.

I am, Sir, yours faithfully,

MACLEOD YEARSLEY.

Queen Anne-street, W., July 7th, 1914.

THE BACTERIOLOGICAL EXAMINATION OF MILK.

To the Editor of THE LANCET.

SIR,—I am glad that a distinguished bacteriologist in the person of Professor R. T. Hewlett has come forward to point out in your issue of July 4th (p. 44) the fallacies inherent in the quantitative enumeration of bacteria in milk.

At the Infants Hospital, Vincent-square, S.W., the milk coming from the hospital farm and from other sources is examined daily, and I have long been of the opinion that the bacterial count method is of little value. Especially is this so when milks are examined in different laboratories and the results are compared. The difference in the precise method and in the media employed (even the slight differences in the preparation by competent persons of the same medium), and many other factors, result in all kinds of serious error. Of the greatest importance is the fact that the milk with the higher count may be a much better milk than that with the lower. Thus, we find that A contains 55,000 bacteria per c.c., while B only contains 14,000. But when we come to our observations in regard to (1) time of curdling at 19° C. and 38° C.; (2) development of acidity at 38° C., (3) character of curd formation—gas production or otherwise, (4) nature of bacteria developing in the milk at 19° C. and 38° C., we find that A is a much better milk than B, for the changes in A compare more closely with the changes occurring in a milk taken directly from the cow under strict precautions than do those in B. One method is of great value—the microscopical examination of the centrifugalised deposit suitably stained. By this method an experienced observer can obtain information of the greatest practical importance. Not only can the number of bacteria be approximately estimated, but important information can be obtained with regard to the nature and probable source of any contamination. Thus, Gram-negative bacilli generally indicate colon organisms and consequently manurial contamination. Dust from dirty fodder can be recognised both by the general debris and by the presence of moulds. The cellular elements in the milk are readily recognised and early warning of mastitis may be forthcoming. An interesting point is that in the case of a contaminated milk the observer is often able to make a prognosis in regard to the behaviour of the milk when submitted to the above-mentioned tests. If this prognosis proves to be correct the case against the milk is a strong one. The great practical value of the method is its rapidity. Within half an hour of the receipt of the milk the examination of the centrifugalised deposit can be completed, and consequently, in the case of any defect in quality, we are able immediately to telephone to the farm, at the same time indicating the probable source of the contamination. It is important that the centrifuge should be of large capacity, so that the samples of milk may be sufficiently ample to be representative, and we have recently installed Professor S. Delépine's centrifuge as with this instrument over $1\frac{1}{2}$ litres can be dealt with at one time, while owing to its