Again, I believe that in some districts members who are debarred from receiving sick-pay on account of their illnesses being the direct result of intoxication or other vice still expect to receive the medical officer's services without extra payment. Is that fair? I am glad to say that in my own district the committees of two clubs have recently corroborated my view of the rules that "debarred from benefit" means debarred from every form of benefit, including the greatest of all—viz., medical attendance. I think Mr. Brabrook must admit that these actual instances must cast the suspicion of sweating upon the friendly societies. With regard to other matters than the actual fee paid it must be conceded that club patients are by no means the easiest to attend; they often ignore surgery hours entirely and send absurdly urgent messages in unnecessary cases and then plead that they did not wish you to hurry. I myself have received a telegram from a club patient not asking for, but fixing, an appointment at the surgery for the middle of the afternoon, a time at which a country medical man is generally far from home. With ordinary patients these abuses can be checked to some extent by special fees for evening and night work, but not so with club patients.

With regard to the actual question of fees and the abolition of wage-limit Mr. Brabrook says, "all join for the same benefit." Now I maintain that they do not, and will try to explain myself. It may be taken that a member's subscription is paid to insure himself against two evils: (1) cessation of income during illness and (2) the medical man's bill. He cannot insure against sickness itself but can do so against its consequences. Whitaker's Almanack and other books of reference distinctly assert that medical fees are assessed upon a sliding scale, the reason of course being that the fees which the poor are able to pay are no adequate remuneration. The higher a man's income the better fees is he supposed to pay; therefore evil No. 2, the medical man's bill, will demand a higher premium according as the income is higher. If only the class for whom Mr. Brabrook speaks would take to heart his assertion that "there is much in the kindly service of a medical man that no money can purchase," there would be more chance of coming to terms, but too many still deny that a medical man is a free agent, preferring to look upon him as a public slave bound to go wherever and whenever sent for. Working men or, as they will soon have to be called, the leisured classes, should be the first to admit the value of short hours and should be ready to help the medical man to secure the same by seeing that he is better paid for the hours during which he does work. In any revision of club tariff, in addition to increased subscriptions, might there not also be inserted extra charges for late messages and night work, if only to draw the attention of members to the fact that such should be avoided as much as possible. This is only in accordance with the practice of the workman, who charges extra prices for overtime if he consents to do anything after the usual hours.

I consider that friction between clubs and their doctors would be lessened considerably if the latter were looked upon more as medical men and less as paid officials of the club. If a uniform rate for specified incomes and for a specified radius could only be arrived at then it ought to be possible for each member at the commencement of each year to choose to which doctor his subscription shall be paid. Each individual member would then have his own free choice and the power (which is sometimes used in an objectionable manner) of the committee would be practically at an end. Before Skill and Thrift, as Mr. Brabrook calls the two parties, can work together harmoniously Thrift must disabuse himself of the idea that Skill is making a fortune, but must, at the same time, admit that Skill has at least an equal right with the shopkeeper and the publican to make a decent living.

If friendly societies can only be brought to see these things in their proper light and will look upon medical men as their hard-working fellow-men I feel sure they will be willing to increase their own subscriptions instead of trying to persuade richer men to join them in sweating the club doctor. If they cannot see this in such a light they must remember that they have taught us that union is strength and that some day, perhaps, even the medical profession may rise in its might and assert its right to live by doing a fair day's work. I must apologise for the length of this letter, especially as I have not had nearly so much experience as

many with clubs, but I wish to point out a few difficulties which have arisen within my own limited scope.

I am, Sirs, yours faithfully,
C. H. POWERS, L.R.C.P. Lond., M.R.C.S. Eng.
Gosforth, Cumberland, May 7th, 1901.

"ON THE CAUSATION AND TREATMENT OF PROFUSE EPISTAXIS IN PEOPLE BEYOND MIDDLE AGE."

To the Editors of THE LANCET.

SIRS,—May I send a few lines to supplement my paper on the above subject which appeared in THE LANCET of April 20th, 1901, p. 1133, and to answer some of your queries? In all my cases the hæmorrhage was purely passive—i.e., it was venous hæmorrhage due to an over-filled venous system. The patients were all with one exception over 60 years of age and were all what is commonly called "gouty," having suffered from eczema, &c., though only one had had an attack of true sthenic gout. The more or less chronic state of high arterial tension was, I think, due in all to what has been called "lithæmia," "uricacidæmia," &c.—a condition which so commonly produces cardio-vascular degenerative changes in well-to-do people of 50 years and upwards. In these cases there is usually no history of any injury or any great exertion or strain, but the patients as a rule complain of having felt tired and fatigued for some time, they get more easily out of breath, and feel going up-hill or upstairs to be much more of an effort than it used to be. These symptoms show that working against the long-continued high intra-arterial pressure has told on the muscular wall of the heart and has diminished its elasticity, or, in simple words, that these patients are suffering from tired hearts.

In many people whose circulatory system is in this condition some valvular disease is apt to be set up at about the age of 60 years from the excessive strain on the valves caused by this long-continued high pressure—i.e., the valvular and muscular structures of the heart are apt to fail at about the same time. In these cases the mitral valve tends to become diseased and defective rather than the aortic, which is curious, as in cases of heart strain from external work the aortic valve usually gives first, whilst the mitral certainly suffers most frequently where the heart strain is due to high arterial tension, probably because it has to resist the greatest strain set up during the systole. These patients with chronic high arterial tension and tired hearts must necessarily have at all times a tendency towards a faulty distribution of their blood in the various vessels, and their veins must as a rule contain too much blood. If to this state of circulation any additional hindrance to the flow of blood should supervene, such as a quickly developing valvular lesion, a sudden contraction of the peripheral vessels from exposure to cold, &c., the embarrassed heart must become still more unequal to its work and a condition of more or less intense venous congestion inevitably be set up. If so, nature will probably seek relief by some hæmorrhage and this tendency to hæmorrhage will continue until the venous congestion be relieved.

Unfortunately, the hæmorrhage tends further to weaken the already feeble heart and lands the patient in a vicious circle where hæmorrhage is followed by hæmorrhage. In these cases one attack of epistaxis if not properly treated is generally followed by another and the patient may be reduced to a condition of extreme weakness. In my cases of epistaxis I had no history of any sudden muscular effort or strain, but rather the complaint of having had tiring days or feeling very cold and chilly. In the three cases where valvular disease was found as a new feature I believe the epistaxis occurred when the heart was at its weakest, before it had become accustomed to the altered conditions caused by the valvular lesion and before any compensatory hypertrophy was established.

I am, Sirs, yours faithfully,
Breachin-place, S.W., May 7th, 1901. GEORGE COATES.

STERILISED MILK AND INFANT MORTALITY.

To the Editors of THE LANCET.

SIRS,—I am desirous of seeking information through the medium of THE LANCET with regard to certain details in the sterilisation or modification of milk for the purpose of reducing infantile mortality in manufacturing towns. By the

St. Helens scheme a basket is given to each customer containing nine bottles of sterilised, modified, or humanised milk, and with this a teat which can be fitted upon the end of the bottle. Directions are given to the mothers to feed the baby every two hours during the day and every four hours during the night, and to give the milk through the teat supplied. This seems easy and simple enough in theory. In practice, however, we have, in our endeavours to reduce infantile mortality, to cater for a class who through circumstances or indifference are unable to grasp the full object of the scheme. This class either refuse to use the milk at all or if they use it they pour the milk out of the sterilised bottle into an ordinary "titty bottle" with a long indiarubber tube or replace the teat with a long indiarubber tube of their own and thus save themselves both time and trouble. This materially alters the whole purport of the scheme, as the bottle or the tube used is generally in a state of sepsis, and the baby, instead of receiving pure wholesome milk, obtains it contaminated by admixture with the sour septic milk left from former feeds in the bottle or the tube, and this does not help to reduce infant mortality, but brings the sterilised milk scheme into disrepute.

Supposing the authority which supplies the milk were to obtain a quantity of these long flexible tubes and with every basket they supply, or in such cases as they consider it necessary or where the mothers prefer it, give one or two of these tubes (thoroughly cleansed), so that the child could be fed through this tube instead of the short teat, at the same time directions being given to the mothers that these tubes must be returned daily for cleansing.

1. Would this do away with the efficiency of the scheme?
2. Is it impossible to keep the long tubes clean?
3. Does the contact of sterilised milk with the length of indiarubber (thoroughly cleansed) contaminate the milk?
4. Is the objection to the long tube any other than that it is less likely to be thoroughly cleansed than a short one?
5. If the infant mortality of our manufacturing towns is due chiefly to the feeding of infants on improper food or feeding them out of dirty bottles and tubes, ought not authorities to try to render their scheme for educating and helping the mothers of such practical utility that even the most careless and indifferent could use the sterilised milk without feeling it to be an irksome burden? There is no doubt that the long flexible tube is used, and used to advantage, by many well-to-do people who keep it thoroughly clean, and I should like to know if the consensus of opinion amongst medical men is that milk must of necessity become contaminated the moment it passes through a length of indiarubber, and that the cleansing of this indiarubber tube is an impossibility.

I am, Sirs, yours faithfully,

E. A. CLARKE, M.R.C.S. Eng., L.S.A.

Dukinfield, May 14th, 1901.

"LEGISLATION AGAINST NATIONAL INTEMPERANCE."

To the Editors of THE LANCET.

SIRS,—Dr. Walter Kidd is alarmed lest Dr. Reid's views should triumph on a foundation of Weissmannism. But it is one thing to assert that only inborn characters are transmitted, as Dr. Reid does, and another to attempt to explain how they are transmitted, as Weissmann has done. Nobody has spoken more emphatically than Dr. Reid on this subject. "Weissmann's speculations,"¹ he says, "obscure in themselves, made more obscure by his methods of demonstration, still more obscure by being constantly emended under the influence of destructive criticism, have drawn many students from the true path and by their difficulty have discouraged others." He speaks of Weissmann's views as "more or less metaphysical speculations concerning the continuity of the germ plasm and ids, idants, biophors, and so forth." Dr. Kidd's alarm would appear, therefore, to be groundless.

Dr. Clouston's remarks² concerning my criticisms are excellent in their brevity but deficient in argument of any kind; I will grant him his two irrelevant points cheerfully and humbly withal if he can destroy my criticisms or answer my challenge successfully.

I am, Sirs, yours faithfully,

H. LAING GORDON.

Honor Oak-road, S.E., May 12th, 1901.

SWALLOWING ARTIFICIAL DENTURES.

To the Editors of THE LANCET.

SIRS,—Deaths from swallowing artificial dentures are becoming alarmingly frequent and the operations for the removal of these irregular and spiky objects are very often also fatal. The cause of this fatality is, of course, the hooks and bands which project from the plate, bury themselves in the tissues, and can only be dislodged by still further lacerations. It has struck me that in the case of vulcanite plates (most plates are now made with vulcanised caoutchouc as a base) the removal of the denture could often be facilitated by its being divided *in situ* and the parts removed separately. This could be done by splitting it with cutting forceps or dividing the vulcanite by fusing it with the electric cautery at a not very high heat. Metal plates could not be divided so easily, but it would be by no means impossible with strong shears.

I might also, in this connexion, mention that the swallowing of these dentures takes place as a rule during sleep. I do not wish to add another burden to the already over-laden general practitioner, but he would do well to warn any patient wearing a "partial" denture of the risk he runs, apart from hygienic considerations, by not removing his plate at night.—I am, Sirs, yours faithfully,

WM. RUSHTON, L.D.S. R.C.S. Eng.

Harley-street, W., May 7th, 1901.

KING'S COLLEGE, LONDON, AND THE SOUTH AFRICAN WAR.

To the Editors of THE LANCET.

SIRS,—There is a large wish among old King's collegians and King's College school boys that the services of any of their number who have fallen in the war or who have survived the campaign in South Africa should have suitable commemoration. It will greatly facilitate matters, in view of an early meeting of sympathisers with the movement, if the names of any who are worthily entitled to inclusion in the roll of honour be immediately communicated. The medical representation must necessarily be a very large one and through the medium of THE LANCET we shall doubtless receive the names of a goodly number of King's College men, dead and alive.

I am, Sirs, yours faithfully,

J. TREERVE EDGCOMBE,
Associate of King's College, London.

Inner Temple, E.C., May 6th, 1901.

SOUTH AFRICAN CIVIL SURGEONS' DINNER.

To the Editors of THE LANCET.

SIRS,—We have received so much support in reply to our letter published in THE LANCET of April 27th, p. 1236, that we feel justified in asking you to announce that the dinner will be held on Wednesday, June 5th, at the Hotel Cecil at 7.30 P.M. The price of the tickets will be 10s. 6d. each. We shall be glad to hear as soon as possible from any civil surgeons who may desire to be present. We shall be further obliged to you if you will kindly publish the following list of those who intend to be present: H. A. Ballance, A. A. Bowlby, J. Paul Bush, E. G. Calverley, J. Lenthal Cheatle, W. Watson Cheyne, John Chiene, A. Conan Doyle, H. W. Dudgeon, W. V. Eaves, A. D. Fripp, J. F. R. Gairdner, A. Granville, E. A. Houseman, Sir W. Mac Cormac (chairman), G. H. Makins, H. T. Mursell, T. H. Openshaw, F. O. Stoebr, C. Stonham, H. J. Starling, Sir W. Thomson, H. H. Tooth, F. E. Walker, and P. Wood.

We are, Sirs, yours faithfully,

O. GORDON WATSON,

FRANCIS E. FREMANTLE,

} Acting Secretaries.

39, Moore-street, Lennox-gardens, S.W.

AN APPEAL TO MEDICAL FREEMASONS.

To the Editors of THE LANCET.

SIRS,—I appeal to medical Freemasons to assist me in getting Reginald Everard Adolphe Webster, aged 10 years and three months, into the Royal Masonic Institution for Boys at the October election, which will be his first and

¹ Scottish Medical and Surgical Journal for June, 1900, pp. 513 and 514.

² THE LANCET, April 27th, 1901.