"MUNICIPAL AUTHORITIES AND THE FEEDING OF INFANTS."

To the Editors of THE LANCET.

SIRS,—I notice that in your annotation on this subject in THE LANCET of August 31st, p. 608, you make no mention of the action of my friend Dr. Boobyer, medical officer of health of Nottingham, who has caused instructions upon the feeding of infants similar in substance to those you so kindly notice to be issued through the registrars, &c. (as are my own), for, I believe, years. That you should be unaware of this surprises me less than it otherwise would have done had I not to confess that I was quite ignorant of the work of Dr. F. G. Haworth at Darwen. As a matter of fact I made use of Dr. Boobyer's leaflet and those issued by the National Health Society and Dr. Millson, medical officer of health of Newington, in compiling my own, of which I take credit more for the arrangement than for the material. The wording I endeavoured before all things to make of the kind "understood of the people."

I am, Sirs, yours faithfully,

Norwich.

H. COOPER PATTIN.

"THE TREATMENT OF MELANCHOLIA."

To the Editors of THE LANCET.

SIRS,—I have just read the exceedingly interesting and valuable contribution on the Treatment of Melancholia by Dr. L. C. Bruce and Dr. H. de M. Alexander in THE LANCET of August 24th. I now wish to endorse and in some respects supplement their rational methods, as I believe that a very large number of cases of insanity are amenable to early treatment. In this respect asylum physicians are often placed at a great disadvantage, especially in dealing with the less obtrusive forms of insanity, as the friends and frequently the medical attendants do not recognise the gravity of such cases, and proper treatment is only very rarely adopted at an early stage of the disease. The patients are told to rouse themselves up, frequent the busy haunts of men, direct their nervous energies into fresh channels, or are sent for a holiday, but it is only very seldom that absolute rest—mental and physical—is prescribed. Even when they do eventually drift to an asylum individualism in treatment is lost sight of and recovery is unduly protracted or does not take place. It is very unfortunate that these acute mental cases which always require prompt and often energetic treatment should so frequently be placed, as it were, "between the devil and the deep sea." They are incapable of looking after themselves and do not recognise the necessity for any interference; their friends object to an asylum so long as they are manageable at home, and often the means of treatment at home are very inadequate. A considerable number of cases where there are good nursing arrangements and supervision can be as well treated at home as anywhere else, but seeing every year in consultation a large number of cases on the borderland of insanity I have often felt the want of a hospital for acute mental diseases. There is a growing necessity and one which should be recognised in every large populous centre. There was at one time such an institution in connexion with the Liverpool Royal Infirmary, which only wanted reorganising and removing to a more suitable site, but which through what I consider gross mismanagement on the part of the then infirmary staff was abolished at the time University College was founded on its site.

Dr. Bruce and Dr. Alexander say: "We believe melancholia to be a disease of disordered metabolism, and that treatment should be directed towards increasing the excretion of waste products of this metabolism through the channels of the urinary and integumentary systems, and we mechanically accomplish this end by administering to our patients an abundant fluid dietary." In my opinion there is also in all these cases, primarily or secondarily, auto-intoxication from the intestinal tract, hence I invariably prescribe some intestinal antiseptic, such as salol. I also see that the bowels are regularly cleared out with small doses of calomel, followed by saline purgatives. During the prodromal and acute stages the patients are much better in bed, they are thus kept under complete control and secure both bodily and mental rest. It is essential that they should have a fair amount of sleep and insomnia is often a very troublesome complaint in such cases. Of soporifics they

have generally had a large amount and varied assortment before I see them. About the commonest and most pernicious are sulphonal and trional. I have never seen any benefit from the use of these drugs, but I have certainly known much mental depression caused by their use.

The late Sir B. W. Richardson showed that melancholia with a suicidal tendency can actually be induced by the use of mercaptan. When a soporific is necessary I prefer a mixture containing chloral, bromide, and morphia. I often prefer, especially in cases where there is any febrile movement, a wet-pack for 30 minutes at bedtime. The patient is wrapped up in a sheet wrung out of cold water from the neck to the knees and surrounded with a pair of blankets. After 30 minutes these are removed, the patient is dried with a soft towel, and allowed to sleep between blankets. I have seen this plan succeed in some bad cases where hypnotics had utterly failed to induce sleep.

In a considerable number of these cases there is dilatation of the stomach with retention of imperfectly digested products. In such cases lavage should be frequently employed, and direct antiseptics, such as iodine, benzonaphthol, carbolic acid, salicylic acid, menthol, &c., administered.

I always prescribe a liquid diet of five or six pints until the tongue is clean and there is some craving for solid food. The dietary is fairly varied and consists chiefly of milk and soda-water or barley-water in equal parts, but never undiluted milk; water, whey, mutton broth or chicken soup, malted milk, Mellin's food, Benger's food, any light milk pudding, grapes, roasted apple with cream, or a ripe pear, &c. No alcohol or any tea or coffee.

In my experience melancholia if taken early in a large number of cases is very amenable to treatment.

I am, Sirs, yours faithfully,

Liverpool, Sept. 4th, 1901.

JAMES BARR.

N.B.—I think in their records of the blood-pressure Dr. Bruce and Dr. Alexander must have used Oliver's instrument which is set about 20 millimetres of mercury too high—at least, the one which I have got is, and I therefore prefer Leonard Hill and Barnard's sphygmometer for accuracy.—J. B.

"ON THE PROPHYLAXIS OF CARCINOMA."

To the Editors of THE LANCET.

SIRS,—With reference to the above article in THE LANCET of August 31st I desire to comply with Mr. Keetley's request for evidence *re* "guilt or innocence of milk, butter, or cheese in the etiology of carcinoma."

For several years it has been my lot to practise in mission hospitals in North China and there to have operated frequently on cases of carcinoma as well as to have seen many too advanced for operation. Carcinoma of the breast is common amongst the women (cases of disease of the uterus or vagina never come except for medicinal treatment in dispensary) and cases of epithelioma of the lip and penis are frequently seen amongst the men. The Northern Chinese, at least in the port of Newchwang and in cities in the interior north of that port, *never* use either milk, butter, or cheese as articles of diet, nor do these exist amongst them. There is a *very limited* importation of condensed milk only, but my own experience as well as that of my colleagues has been that even in treating cases in hospital which seemed to require milk diet it was almost impossible to get a patient to use milk even temporarily as an article of diet, so strong is the aversion of the people to its taste and use.

I am, Sirs, yours faithfully,

Glasgow, Sept. 2nd, 1901.

D. CRAIGIE GRAY.

"THE CELEBRATION OF ST. LUKE'S DAY."

To the Editors of THE LANCET.

SIRS,—The presence of the leading article in THE LANCET of June 29th (p. 1840) on "The Guild of St. Luke and St. Luke's Day," and the letter of Mr. H. E. Haynes in THE LANCET of August 31st (p. 615) under the above heading, indicate a desire to strengthen the links between our religion and profession by an annual Church service on or near to the anniversary of our patronal saint. The view will, I think, be welcomed by many of those of our profession belonging to

the National Church and especially by that guild which has led the van in this religious observance. But it may not be amiss to point out that to carry out the suggestion in the letter referred to of holding "a service similar" to that of St. Luke's Guild annually "in every town of the kingdom" will require a considerable and efficient organisation—a central directing and coördinating body and a local body for executive work, and will necessitate the coöperation of the incumbent of each local church selected, a special preacher or sermon, and the concurrence of the churchwardens in an offertory on the occasion and in the modes of its disposal. The latter section of the work would probably be the easier, and in respect to the former it may be suggested that as St. Luke's Guild is already organised, and as one of its present purposes is the formation of local centres for the development of its objects, it might be advisable to associate the proposed local celebrations of St. Luke's Day with the guild as a part of its work and so save the trouble of forming an additional organisation for this one purpose.

As a member of the guild one is tempted to refer to another portion of the letter—that of the disposal of the offertories—and to suggest that the promotion of the guild's objects—for instance, furtherance of medical missions—is not unworthy to be placed side by side with those mentioned; but for the present let that pass. Suffice it to add that the views expressed are personal ones only.

I am, Sirs, yours faithfully,

FRANCIS H. WELCH, F.R.C.S. Eng.,

Brandram-road, Lee.

Surgeon-Colonel (retired), A.M.S.

"HAY FEVER: ITS REMEDY."

To the Editors of THE LANCET.

SIRS,—I think your readers interested in the question may like to know that my suggestion¹ for the employment of adrenalin in tablets has been anticipated, for I learn in a communication from the manufacturers that "during the last few months a considerable number of experimental lots have been distributed," and that before long they will be on the market.

I am, Sirs, yours faithfully,

Mansfield-street, W., Sept. 9th, 1901.

LENNOX BROWNE.

FEEDING BY THE DISTAL SEGMENT DURING OPERATIONS ON THE STOMACH AND INTESTINES.

To the Editors of THE LANCET.

SIRS,—Within the past few weeks, while watching the performance of a gastro-jejunostomy for pyloric stenosis, it occurred to me that the nutrient injection, instead of being placed in the rectum, could with advantage be run into the upper jejunum through the operation opening prior to the completion of the anastomosis. This was done with excellent results. The above instance has strengthened my conviction that the distal portion of bowel in this and similar operations might be frequently employed as a route by which the patient, often half starved or collapsed, could be supplied during the operation with nourishment which would stand a fair chance of being absorbed within a comparatively short time. Food introduced in this way, having to traverse part of the small and all the large intestine, might reasonably be expected to be digested and absorbed with greater rapidity and ease than when inserted into the rectum. This method of utilising the distal portion of intestine as a route for food might be applied to the following cases.

Perforated gastric ulcer and perforating wound of the stomach.—After the insertion and prior to the tying of the stomach sutures a tube, more or less rigid, might be passed through the perforation into the stomach and from the stomach through the pylorus, the food being poured into the duodenum.

Pyloroplasty.—A tube being passed through the pyloric incision into the duodenum, after insertion of the sutures the food could be run into the bowel immediately prior to tying the last two or three sutures.

Enterectomy.—The food might be run into the lower segment of bowel prior to completing the anastomosis.

Enterostomy for gangrenous hernia.—The food might be introduced into the lower opening, which might be plugged with a swab to prevent regurgitation.

In enterectomy the clamp on the upper extremity of the lower segment would prevent regurgitation of the food during the completion of the anastomosis.

In perforated gastric ulcer or perforating wound of the stomach, to obviate any possibility of regurgitation, which would not improbably be prevented by the pylorus itself, the pylorus might be closed by digital pressure or a clamp during the short time necessary for tying the previously inserted stomach sutures. In the year 1901 it is hardly possible to claim any originality for this procedure, but it might be of interest if those surgeons who have employed this method of feeding would give the results of their experience.

I am, Sirs, yours faithfully,

Plymouth, Sept. 14th, 1901.

C. HAMILTON WHITEFORD.

THE AFTER-COMING HEAD; PREVENTION OF ASPHYXIA.

To the Editors of THE LANCET.

SIRS,—A short time ago in attending a case of breech presentation the child was in danger of asphyxia from delay in delivery of the head. It occurred to me that in such cases it would be useful to slip the end of a flexible tube into the mouth of the child. The thoracic respiratory efforts would then result in inflation of the lungs and at the same time the entry of fluid and mucus into the air passages would be minimised. A soft catheter might answer the purpose, but for convenience of sterilisation and in order to prevent the obliteration of the lumen of the tube by pressure I would suggest the addition to the obstetric bag of a soft metal tube equal in size to a No. 8 or No. 9 catheter and, if desired, provided at one end for an inch or so with a rubber covering to avoid any risk of damage to the child. I see no reference in the books to the adoption of such a method, but I take the precaution to apologise in advance to the gentleman who will doubtless write next week pointing out that he described the device many years ago.

I am, Sirs, yours faithfully,

Upper Tooting, Sept. 10th, 1901. EDWIN SMITH, M.D. Lond.

* * By a coincidence Mr. G. W. Ord describes on p. 790 of this issue of THE LANCET his successful use of a catheter in these circumstances.—ED. L.

"LEGISLATION AGAINST NATIONAL INTEMPERANCE."

To the Editors of THE LANCET.

SIRS,—According to Dr. Kidd it appears that his opponents not only advocate their opinions "too strenuously" but are fighting "in a somewhat languid manner." A surprising feat. His side assert that acquired characters are transmissible. The opponents reply that the statement is incredible. They add that there are trillions of acquired characters in the world and challenge proof of the transmission of even one of them. Dr. Kidd triumphantly exclaims that they have "fallen back on the time-worn biological line of defence, the non-proven doctrine of Weismann." He means that his opponents are unable to prove a negative. Will he be good enough to explain what sort of proof he would think satisfactory? Does he expect his opponents to go through those trillions of acquired characters one by one and in each separate instance prove that there is no transmission? If this is not the meaning of his demand I am sure I do not know what meaning it has. I am extremely anxious not to appear "too strenuous," but I am forced to suggest that unless disputants adhere to the common rules of logic we are not likely to derive much profit from this controversy.

Under the ordinary conditions of civilised life repressive legislation invariably results in increased drunkenness. In consequence I stated that alcoholic selection *could* not be checked. Dr. Kidd informed the readers of *Nature* that it was stated that it *ought* not to be interfered with. He now asks, "Will he not allow that, if it cannot be interfered with, it ought not to be interfered with?" Certainly I shall not allow it. A statement of fact is not an expression of opinion. Will Dr. Kidd allow that when he says that a patient's life cannot be saved that it is equivalent to saying it ought not to be saved?

My statement that the monkey wore down the hair more than the man contained no mis-statement. The monkey uses its foot as a hand and wears down the hair on it. Man

¹ THE LANCET, August 24th, p. 565.