are the means are inadequate to do more than to touch the fringe of this great evil, the premature discharge of convalescents, and it scarcely seems right that public institutions maintained by rates and supervised by legally constituted authorities should be supplemented in a haphazard way by a private charitable society. The existing plan of procedure is for the asylum authorities to pay a small sum per week to the society, which is supplemented by the society out of its own funds, the discharged patient being placed in a cottage home or otherwise assisted as may be deemed advisable. But the society has some difficulty in finding suitable homes and it is admitted that the number of cases relieved is small in proportion to the demand and that its scope is limited by the inadequacy of its financial condition.

It is proposed that when a patient has sufficiently recovered to be discharged from certificates, though it is still advisable that he should remain some time longer for general dietetic and hygiene treatment, the asylum authorities should have the power to release him from statutory obligations and should permit him to remain as long as is considered necessary in conditions which allow him freedom and responsibility under the best auspices. The means for carrying out the proposal are unique and to hand. The asylums are already placed in ideal hygienic conditions and nothing more is required than the power to erect or to allocate a small house in the grounds of the institution where good food, exercise, occupation, and a system of authorised absence on parole, with the consciousness of being free from legal restraint and with the liberty of social reinstatement, should have the happiest results. To effect this recommendation a clause in a new Lunacy Bill would be needed, but there would probably be no difficulty in getting it passed, because it is evident that the Commissioners in Lunacy themselves and many of the authorities of asylum administration are in strong sympathy with the objects of the society and are supporters of its policy.

I am, Sirs, yours faithfully,

Harley-street, W., Feb. 22nd, 1906.

T. CLAYE SHAW.

INFANT FEEDING AND EPIDEMIC DIARRHŒA.

To the Editors of THE LANCET.

SIRS,—I am glad to note from an editorial article in THE LANCET of Feb. 24th, p. 533, that the inquiries of Dr. J. E. Sandilands tend to confirm the theory I first suggested in 1902 and again (before the Epidemiological Society) in 1903, that the principal agents of infection in summer or epidemic diarrhœa are common house flies.

I have twice contributed to your own columns on this subject—most recently, I think, in 1904.¹ In the latter contribution (at p. 1044) I once more point out how the diarrhœa curve coincides with the life-history of the house fly (*musca domestica*). Again in August of last year you commented in an annotation² on my work in connexion with "Flies as Agents in the Spread of Disease," referring especially to my view that the conditions which Ballard showed to influence epidemic diarrhœa were exactly the conditions which were necessary for the free multiplication of *musca domestica*.

Dr. Sandilands's laboratory experiments are interesting. It has been my intention for the last three or four years to carry out some investigations on rather different lines, but have hitherto been unable to owing to more pressing calls on my time. I hope, however, if spared, to accomplish some work in this direction during the ensuing year.

I am, Sirs, yours faithfully,

Southend-on-Sea, Feb. 23rd, 1906.

J. T. C. NASH.

LIFE INSURANCE FORMS: A PRECAUTION.

To the Editors of THE LANCET.

SIRS,—I think that all life insurance forms connected with the medical examinations of candidates should include a query as to the "temperature" of the proposer when presenting himself for examination. It has happened on two occasions, even in the limited practice of an unofficial and occasional examiner of lives, that on taking the applicant's

temperature—on suspicion as it were—I have found a considerable increase, due in my cases to commencing influenza. It is manifest that a sick man, although he might not know himself to be more than "a little off colour," should at least be deferred for a week or so.

I am, Sirs, yours faithfully,

GEORGE H. R. DABBS, M.D. Abord.

London, E.C., Feb. 26th, 1906.

FATAL RESULTS FROM SUBCUTANEOUS INJECTION OF METALLIC MERCURY.

To the Editors of THE LANCET.

SIRS,—Under the above heading you published in your issue of Feb. 17th a note regarding a case of death after four small injections of grey oil reported to the Société Médicale des Hôpitaux of Paris by M. Le Noir and M. P. Camus. As the treatment of syphilis by intramuscular injections is again being advocated in England it is well that its dangers should be appreciated. But I fear that this fatal case may prevent many from venturing upon this line of treatment and may be the means of leading some who have just begun to adopt it but have not yet had sufficient experience of it to realise its pre-eminent superiority over all other methods to abandon it. It is therefore well to ascertain if possible why the patient died. Probably in the case in question there was some grave fault in the eliminating organs of the body which prevented the mercury escaping from the system. The urine, it is stated, after the patient was salivated was very albuminous, but it would not seem that the condition of the kidneys had been ascertained before treatment began. This is a most essential point, for to inject mercury into a patient whose kidneys are not functioning properly is to court disaster. Also, it does not seem that any proper precaution had been taken to ascertain whether one dose of mercury had been absorbed before another was administered, and it is more than possible that the injections were not intramuscular but simply subcutaneous. The movement of the gluteal muscles will insure the diffusion of the mercury and so facilitate its gradual absorption, while mercury injected subcutaneously lies *in situ* for an indefinite period and may form a reservoir from which sudden and disastrous absorption may occur at a later date.

Recently Dr. W. C. Oram made radiographs of several cases treated with grey oil by Dr. G. G. Stopford Taylor and myself at the Liverpool Skin Hospital. 16 centigrammes of grey oil injected deep into the buttocks of a man had disappeared completely in eight days, while grey oil injected into the subcutaneous tissues of a woman with very fat buttocks was quite distinct after three weeks and faintly visible at the end of five weeks. Since May, 1904, when Dr. Stopford Taylor introduced the intramuscular treatment with grey oil into Liverpool between 1500 and 2000 injections have been administered in his clinique. We have had no accidents, though, as a rule, we have given larger doses of mercury than were given in the fatal case which you report, and the larger our experience the more firm is our conviction that the intramuscular is the most certain and efficient method of treating syphilis. Lambkin's vast experience fully supports this view and it would be a most unfortunate thing if one accidentally fatal case such as you report, where other things than the injections may have been to blame, should deter the profession in this country from giving the method a thorough and extended trial.

I am, Sirs, yours faithfully,

R. W. MACKENNA.

Assistant Physician, Liverpool Skin Hospital.

Liverpool, Feb. 19th, 1906.

THE ETHICS OF THE MEDICAL PROFESSION IN RELATION TO SYPHILIS AND GONORRHŒA.

To the Editors of THE LANCET.

SIRS,—I have read with much interest Mr. Dudley Burney's views upon the above subject and regret to see that he apparently prefers to allow matters to remain as they are rather than that any attempt should be made for legislative interference with what he calls "the natural order of things." I do not know whether Mr. Burney has ever read Hill and Cooper's work upon "Syphilis and Local Contagious Disorders," but should he not have done so I would recommend him to peruse those pages of the book which are

¹ THE LANCET, Sept. 24th (p. 892), and Oct. 8th, 1904 (p. 1043)

² THE LANCET, August 26th, 1905, p. 619.