object to what would generally in the circumstances be a very real charity.

But lately a new idea has been started—viz., that of catering for the rich and moneyed classes, and by this means working up a profitable business—in other words, appropriating the funds devoted to charity for the satisfaction of the needs of the well-to-do and so crowding out the poor for whom they were originally provided. This opens a very important and serious consideration. These hospitals are beautifully equipped, far in advance of anything to be found in the ordinary medical or surgical homes that are established for the reception of the wealthier classes. Moreover, the acknowledged skill and capacity found there freely given is exceptionally costly to purchase elsewhere, so that persons in more modest circumstances who are quite able to pay moderate sums for what they require and who desire to have the advantage of the greatest skill they can obtain in the conduct of operative measures are naturally disposed to take advantage of the open hospital door. To a certain extent nursing homes are open to this class of cases but as a rule they miss the conveniences, the perfect sanitary arrangements, the resident medical officers, and the efficient control of every department of service that is to be found in the larger and better equipped hospitals. They can have their own medical man and the consultant they select—of course a great point with many. In London and other large towns I daresay there are many suitable places of this kind, where members of the wealthier classes can be received and adequately dealt with, but for the lower grade the price is prohibitive. These nursing homes appear better suited for country places with a sparse population than for large towns. Why cannot the wealthy and all who are rich in this world's goods join together to produce for themselves and their neighbours and kinsfolk what they do for the poorest of the poor, start one as a pay hospital, sufficient in size for its probable requirements, with an adequate scale of resident staff, nursing efficiency, comfort, health, and perfect sanitation, and place it in every large town or great centre? It would be quite as legitimate for the operations of a company as the financing of hotels or hydropathic establishments, and with suitable tariffs arranged for different classes of occupants it would probably prove in the end a commercial success. A generous magnate, like Mr. Carnegie, desirous to initiate good works with his surplus capital, could hardly find a better way of starting a great and most beneficent movement than by founding on thoroughly good lines a pay hospital in some large and populous central place, preserving to every patient the right to be looked after by his own medical man and his own consultant at his own expense if he so desires.

This type of hospital, once well started, would command extensive imitation and similar institutions would gradually grow up around in all our large towns and would relieve the other class of hospitals of numerous costly cases that would then have no right or occasion to go there. It might at first seem to be a hardship for those carrying on the nursing homes that a movement of this kind should be created which would very probably render their homes unremunerative; but many are now carried on under difficulties and a great change of this kind would open up many opportunities for employment for them, with less of pecuniary anxiety and responsibility. I would say in conclusion that the requirements of the surgery of the present day have been so entirely modified and enlarged by the great discoveries and improvements in recent times that what has been found to be essential and necessary to promote the recovery and well-doing of the poor man is equally as necessary as for the rich. Rich men have provided in the past most liberally and handsomely for the wants of the poor; will they not also now be persuaded to take this matter in hand and provide also for *themselves*, for their own kith and kin, and for their less wealthy brethren, a refuge for the future in their times of greatest agony and distress? I am, Sirs, yours faithfully,

June 15th, 1906.

SAMUEL KNAGGS.

FOOD INSPECTION.

To the Editors of THE LANCET.

SIRS,—Just now, when public attention is being directed to the question of the purity of food-supplies, it will probably be of interest to your readers to know something of what is

being done with regard to the inspection of food sold in this country. Some seven years ago the report of the Royal Commission on Tuberculosis made several suggestions with a view to securing the purity of the food-supply and recommended that in future no person be permitted to act as a meat inspector until he has passed a qualifying examination. These suggestions and recommendations were embodied in a circular issued by the Local Government Board to the local authorities throughout the country. Following on this report the Royal Sanitary Institute, in order to facilitate the carrying out of these suggestions, established special courses of instruction and examinations directed to the qualification of public officers whose particular duty was the inspection of meat and food. The examinations for inspectors of meat and other foods are held in the principal centres of England and have by special request been extended to colonies where other examinations are held by the institute.

The syllabus for this examination was submitted to, and in general terms approved by, the Local Government Board of England, the Local Government Board of Scotland, and the Local Government Board of Ireland. The examination is made in every way as practical as possible and the candidates are examined on actual specimens of meat, fish, canned, and preserved foods. During the period that this examination has been held 280 candidates have come up for examination and 193 certificates have been granted. Many of those who have obtained certificates are now holding appointments in the principal towns and ports of the country. The President of the Local Government Board, in reply to a question in the House last week, called attention to the importance of efficient inspection of food-supplies and it is in order to make such inspection possible that the institute are urging the necessity of local authorities having for this purpose the assistance of competent and qualified officers.

I am, Sirs, yours faithfully,

J. LANE NOTTER,

Chairman of Council.

Royal Sanitary Institute, Margaret-street, London, W.,
June 14th, 1906.

THE FIRST GARDEN CITY.

To the Editors of THE LANCET.

SIRS,—The Garden City Company has been now in existence over two years and I think all those interested in the undertaking are pleased, and not a few of them surprised, at the progress which has been made towards the realisation of its object. That object was, as most of your readers are probably aware, to procure the building of an industrial and residential town on hygienic principles in accordance with the ideas promulgated by Mr. Ebenezer Howard in his book, "Garden Cities of To-morrow."

The company has acquired a site of over 3800 acres at Letchworth, near Hitchin. The Garden City has its own station provided by the Great Northern Railway, factories are at work, gasworks and waterworks are in operation, about 150 acres of building sites have been let, over 400 houses are built or in course of building, and we have already a population of over 1600. This by itself is, I submit, not a bad record for two years' work, but much has been accomplished in addition which I must not trespass on your space to describe. Our progress would, however, have been much more rapid if we had had more capital at our command. In some instances accommodation might profitably have been provided both for manufacturers and their workpeople had the capital been available. There are, moreover, at least 300 men at the present moment working on the estate who desire to live on it but for whom no accommodation can be found and the time has arrived when we have decided to come to the public for further financial support to enable us to push on with our enterprise and to clear the estate from the mortgages which still affect it. The capital of the company is £300,000, upon which the dividend is limited to 5 per cent. cumulative, all profit in excess going to the benefit of the town and its inhabitants. Of this about £134,000 have been allotted and the balance is being offered for public subscription.

Now, Sirs, there are multitudes of people of means in this country who are alarmed at the symptoms of physical degeneration exhibited by our town populations and who look to better housing and the redistribution of the people upon the land for remedy, and I am quite sure that they would not knowingly allow an enterprise such as ours to be

crippled for want of financial support, but claims are so many that people are not likely to invest their money in an undertaking offering only a moderate return unless they know that it is urgently needed and we are therefore obliged to make a direct appeal. In all human probability the Garden City Company will soon be a dividend-paying concern and I append a letter received from Mr. Peat—a member of the well-known firm of accountants, Messrs. W. B. Peat and Co., who act as auditors for the company—in answer to an inquiry from me as to how far, in his opinion, we were conducting this philanthropic enterprise on business lines. The success of the company hitherto has been largely due to the kind and generous support which the press has extended to the enterprise and I hope I am not presuming too far upon your kindness in asking you to publish this appeal for further capital.

Any further information with regard to the aims and progress of the company may be obtained from Mr. Thomas Adams, the secretary of the First Garden City, Limited, 326A, High Holborn, W.C., who will also forward prospectuses to all applicants.

Yours truly,

RALPH NEVILLE.

[COPY.]

11, Ironmonger-lane, E.C., 1906.

DEAR SIR,—In reply to your letter I have no hesitation whatever in expressing my opinion that the First Garden City, Limited, is managed on strictly business and economical lines. Its progress has been remarkable. Ground-rents have been created, bringing in a substantial annual income. Gasworks and waterworks have been constructed and are owned by your company, and the nucleus of a considerable town is already in existence. I therefore conclude that the value of the estate by the developments I refer to has been substantially improved. The object the directors have had in view has been to demonstrate that a garden city can be run on lines which will yield a reasonable but modest return on the funds invested, thus combining philanthropic and useful effort with a fair prospect of profit. I consider that the scheme is on sound lines although no dividend has yet been forthcoming, nor could one have been reasonably expected in the present stage of the company's operations.

Yours faithfully,

(Signed)

W. B. PEAT.

To the Chairman, First Garden City, Limited.

* * In our account of a visit paid to the Letchworth Garden City, which appeared in our columns last week, we gave substantially the same figures as those given by Sir Ralph Neville. We said nothing about the impending appeal to the public for subscriptions, but apart from dividends there is much in the scheme which the learned judge advocates that must commend it to the medical profession.—ED. L.

THE SUTURE OF INCISIONS OF THE ABDOMINAL WALL IN LAYERS WITHOUT BURIED SUTURES.

To the Editors of THE LANCET.

SIRS,—I gather from the letter of Dr. R. S. Rogers, published in your last issue, that the double-loop suture for abdominal incisions has suggested itself to several other minds. I should not be surprised to hear of still other surgeons who have made use of this method. The fact that it has been an original idea in certainly three independent mind centres seems to show that it may be useful and was worth describing and illustrating.

I am, Sirs, yours faithfully,

Loughborough, June 18th, 1906.

J. B. PIKE.

GASTRO-ENTEROSTOMY.

To the Editors of THE LANCET.

SIRS,—Mr. Moynihan's letter of June 9th leaves me no option but to ask for a little more of your valuable space for what will in any case be my last contribution to this now distasteful subject. Mr. Moynihan has a good deal to say and more to suggest about my inexact date. It would have been simpler to state what the inaccuracy was so as to avoid the natural but mistaken inference in the minds of your readers. Mr. Littlewood's first operation was not performed at a *later* date than the one which I gave, as might be supposed from the manner of Mr. Moynihan's reference, but was two days earlier—that is to say, on the 22nd, and not the 24th, of May—so that the interval between Mr. Littlewood's first operation and Mr. Moynihan's was ten days and not eight.

While upon the subject of inaccuracies of this character it may be interesting to note that Mr. Moynihan himself is not impeccable. Robson and Moynihan's book on "Diseases of the Stomach" was published early in August, 1901. In it Mr. Moynihan states that he has practised excision of the mucous membrane in the operation of gastro-enterostomy for a period of 18 months. He now states that his first operation was performed on June 1st, 1900. One of his former letters seems to propose that if a statement goes long enough unchallenged its accuracy becomes thereby established. The establishment of this statement would, of course, put him well ahead of Mr. Littlewood in point of time, making, as it does, a difference of something like four months. Here it would seem as if Mr. Moynihan must admit either carelessness or a slip of memory. Possibly vulnerable opponents are not all on one side. At any rate, it is not easy to understand how he can have come to regard certain ideas as "original in his own mind," except on the supposition that in the lapse of time the clearness of his recollection has become blurred.

Mr. Moynihan has stated a fact with regard to the dresser's report of Mr. Littlewood's first operation of which I was not aware. Even if the report were accurate as it stands it could not weaken Mr. Littlewood's position as the first to advocate and to practise excision of the mucous membrane. But I have prevailed upon Mr. Littlewood to make a statement upon this matter which I quote:—

I performed the operation exactly as I described it in my paper read before the Leeds and West Riding Medico-Chirurgical Society on Oct. 19th, 1900, and published in THE LANCET on June 29th, 1901.

Mr. Littlewood's communication was made within such a short time of his having devised the operation, practised it upon the cadaver, and performed it upon a patient that it can hardly be suggested that his memory was at fault. But perhaps if a dresser's inaccurate statement goes long enough uncorrected it is in the position of an unchallenged statement.

I come again to the clamps. Here especially does Mr. Moynihan seem to try to obscure the issue in a cloud of words. In his letter of May 19th he refers to Kocher, Doyen, and Sir Thomas Smith, and he quotes from Mr. W. A. Lane the quotation including the following, "have curved, flat blades," and "whether it is for closing a wound or attaching the part to the abdominal wall," but not a word about gastro-enterostomy. The real point is this: Did Dr. Doyen, or anyone before Mr. Littlewood, make this special use of clamps in gastro-enterostomy? It is of no moment who invented the clamps, nor whether they were originally designed for hysterectomy, enterectomy, or any other purpose whatever. As a matter of fact, I believe the clamps Mr. Littlewood first used were Doyen's hysterectomy clamps. Probably Doyen's book is not easily accessible to a large majority of your readers and there is no doubt that the manner of Mr. Moynihan's reference to it leaves the impression that Mr. Littlewood's use of the clamps is a mere plagiarism. Mr. Moynihan does indeed make one definite statement about Doyen's book. He says that "Doyen used, and depicted the use of, the clamps in the operation of gastro-enterostomy to fulfil the special objects Mr. Ward enumerated." I have looked carefully through the book for this depiction and I fail to find any drawing or diagram illustrating the use of clamps in gastro-enterostomy at all, except here and there ordinary pressure forceps holding sutures. There is a drawing showing curved clamps used in an operation which is not gastro-enterostomy and the method of use has not the remotest resemblance to the parallel apposition of the straight clamps as in Mr. Littlewood's method, which has the distinguishing feature of entire novelty and originality and which, in my opinion, is the most important and valuable feature of the whole operation.

Mr. Moynihan's use of the word paltry is perhaps unfortunate in the circumstances. As I am not personally concerned with any claim for priority I need not express any views but we may reasonably infer that Mr. Littlewood agrees with Mr. Moynihan, although he goes a very different way about conveying his opinion. I have looked again at my letter in search of the "fantastic embroidery of insinuation" but I arrive at the conclusion that, like the high-flown phraseology with which Mr. Moynihan seeks to becloud the plain issue, it is entirely of his own manufacture. In addition to sundry digressions upon my ignorance, my intelligence, and my manners, Mr. Moynihan is good enough