

p. 604, drew your readers' attention to evils arising from cooking meat in the oven of a close fire range and the loss people suffer by not using an open fire for cooking meat, &c., in front of it. It is impossible to roast properly in front of a close fire range and there is scarcely a house in which close fire ranges are used but that the atmosphere at the time of cooking a joint gives immediate knowledge of the fact directly one enters the house. I do not despair, however, of seeing at no distant time an open fire range that shall be economical in use in every way and free from the reproach of committing a sin against the cleanliness and purity of the air. I trust that further contributions will be made to THE LANCET upon this very important subject.

I am, Sirs, yours faithfully,

May 5th, 1903.

D. T. BOSTEL, Senr.

## FREE ANTITOXIN TO THE MEDICAL PROFESSION.

To the Editors of THE LANCET.

SIRS,—With reference to remarks which have recently been made in THE LANCET *re* the above I should be glad if you will allow me to say that, so far as I know, the urban sanitary district of Swinton and Pendlebury was the first in this country to adopt the practice of gratuitously supplying antitoxin to its local medical practitioners, such course having been taken upon my recommendation early in the year 1901.

I am, Sirs, yours faithfully,

SAMUEL HOSEGOOD,

Swinton, Manchester, April 29th, 1903. Medical Officer of Health.

\* \* In our issue of May 2nd we published a letter from Mr. E. C. Bousfield stating that nearly six years ago the then vestry of Camberwell commenced the free distribution of antitoxin.—ED. L.

## JACOBI'S ATLAS OF SKIN DISEASES— SMALL-POX AFTER VACCINATION: A CORRECTION.

To the Editors of THE LANCET.

SIRS,—May I request you to insert in your esteemed journal the following remarks which I feel obliged to make in reply to Dr. C. Killick Millard's letter published in THE LANCET of April 25th, p. 1197, under this heading? I regret my delayed reply which has been due to Dr J. J. Pringle's illness.

Dr. Millard's criticism refers solely to Plates XXXVa-XXXVe and the corresponding text which have been added by Dr. J. J. Pringle without my knowledge and authorisation. For this reason I refrain from any comment on Dr. Millard's unkind references to the "German author" and refer him to the "English translator."

I am, Sirs, yours faithfully,

Professor E. JACOBI,

Director der Dermatolog. Universitäts-Klinik.

Freiburg-i.-Breisg., May 12th, 1903.

To the Editors of THE LANCET.

SIRS,—I am greatly indebted to you for the kind review of the Portfolio of Dermochromes by Professor Jacobi, for the English adaptation of the text of which I am responsible. The statement which you indicate in the addendum which I made to Professor Jacobi's text, that variola does not occur in people who have been vaccinated, is, I admit, too absolute and will be amended in the second edition.

I am, Sirs, yours faithfully,

Lower Seymour-street, Portman-square, W., J. J. PRINGLE.

May 13th, 1903.

## CONICAL CORNEA.

To the Editors of THE LANCET.

SIRS,—The recently circulated brochure by Sir Anderson Critchett on the above subject contains some statements which I think ought not to be allowed to pass without modification. The author's skill in the management of cases of this disease is evidently not equalled by his knowledge of the literature of the subject and with a little trouble he might have ascertained what others had done in the same field with the cautery long before the date (1895) of his communications to the medical press. If he will only turn to the

*British Medical Journal* of Feb. 23rd, 1889, he will find a short paper read before the section of ophthalmology at the Glasgow meeting of the British Medical Association in the previous year, in which I refer to the works of the late Dr. E. Andrew and Mr. W. J. Cant on the use of the cautery and in which it is stated that "the plan adopted by these operators differs in at least one important point from the method employed in the cases which I am about to relate. The essential difference consists in the fact that the two surgeons named make a point of opening the anterior chamber so as to allow a continuous drainage of the aqueous for a prolonged period and so purposely use a needle capable of penetrating the corneal tissue; whereas I hold that complete penetration of the cornea with the discharge of the aqueous is a result to be avoided as unnecessary and dangerous, and believe that the same object as regards the reduction of conicity can be attained without the escape of the fluid." Yet, Sir Anderson Critchett says in his pamphlet that "till about three years ago the universally accepted plan of applying the cautery in cases of conical cornea was to use it almost at red heat and to persevere until a spurt of aqueous showed that the anterior chamber had been penetrated." My first case was operated on in 1886—14 years before the time mentioned by Sir Anderson Critchett. I do not think therefore that he can claim either priority in, or "initiation" of, this method of treating conical cornea, and I am sure that he would be the last willingly to deprive benighted provincial surgeons of the few laurels that they may be able to cull as against their more fortunate metropolitan confrères.

I am, Sirs, yours faithfully,

Liverpool, May 11th, 1903.

RICHD. WILLIAMS.

## SUBSTITUTION IN THE SPIRIT TRADE.

To the Editors of THE LANCET.

SIRS,—From the answers given by the Chancellor of the Exchequer in reply to questions by Mr. T. M. Healy on Thursday last it is apparent that the dangers attendant on the use of promiscuous materials in the manufacture of potable spirits, more especially of so-called "Scotch whisky," have not yet been recognised in official circles. The significance of Mr. Ritchie's statement that "no doubt beet molasses is used to some extent" may not be quite clear to many medical men at first sight and I therefore venture to trespass on your valuable space in order to explain the full bearing of his admission. Beet molasses constitute the residue or dregs of beet sugar manufacture; they differ from sugar-cane molasses in that they contain a very large percentage of substances of a basic and quasi-alkaloidal nature. The substances in question are fatty amines, bases closely allied to the ptomaines, and bases of the pyridine series. The percentage of these bases in beet molasses is so high that some of them or their derivatives are actually obtained on a manufacturing scale from this source. The poisonous nature of some of these bases is well known; it is further a matter of common knowledge that it is next to impossible to remove them completely from spirit by any known process. And yet the Chancellor of the Exchequer calmly admits that "no doubt beet molasses is used to some extent." Comment is needless.

In reply to another question put by Mr. Healy Mr. Ritchie gave a reply calculated to convey the impression that chemical analysis was not able to distinguish between various classes of spirit. This reply is, in my opinion—and I may say that I have a fairly extensive experience in this connexion—based on erroneous information and is to a great extent misleading. That chemical analysis cannot distinguish in all cases I readily admit, but is there any branch of food analysis of which the same may not be said? That it (chemical analysis) can distinguish in many cases between different spirits, particularly between patent still spirit and "all-malt" whisky, is nevertheless a fact which my own personal experience fully confirms. Quite recently I have examined several specimens which are described and blended in such a manner as to lead the purchaser to believe that they are genuine "all-malt" Scotch whiskeys, and these, by the analytical figures alone, were plainly proved to be nothing of the kind. In several cases, also, I have been able, judging by taste and the analytical figures combined, not only to show that the articles were falsely described, but also to determine the material from which these spirits were manufactured. With a little research