examination and advises on the course to be taken. In Mrs. L.—'s case I found the external conjugate as above, with an internal conjugate of 4½ in., from which I decided that, though the pelvis was somewhat flattened, she could safely go to her full term. At the same time I ordered that the relations of the presentation to the pelvis should be carefully watched. The patient was treated with all consideration and made no sort of objection to what was done. The lady who called at Mrs. L.—'s house was a student sent to inform her of the hour I had arranged for the consultation, and I may mention that I learn from the resident obstetrician that at the first visit no internal examination was made by anyone but herself. The general management of the maternity department of the New Hospital for Women is in the hands of a sub-committee consisting of members of the managing committee and of the visiting staff of the hospital. The resident obstetrician and consultants are appointed by the managing committee. The charity is intended for the necessitous poor, and inquiries as to means, &c., are made at the time the names are booked, and many cases are refused. As is the rule in all departments of the New Hospital, a small payment is required from every patient and goes to the funeral fund of the hospital. In the case of the obstetrical department this is 5s. The services of the consulting and visiting staff throughout the hospital are honorary. As in the case of other resident medical officers, the resident obstetrician receives a honorarium paid from the funds of the hospital. I believe this answers all the questions you ask. If you require further information I shall be glad to give it to you to the best of my ability. You are at liberty to make any use which seems good to you of this letter.—Faithfully yours,

"Dr. McLaurin.

"HELEN WEBB."

"DEAR MADAM,—I must thank you for writing to me at such length respecting Mrs. L.— and the methods and constitution of the New Hospital for Women. My private opinion, which I have no right to urge on your attention and only as an elderly practitioner venture to express, is that these latter are faulty and might have proved disastrous to my patient. The question of payment bristles with difficulties. The hospital itself will almost certainly come to be regarded by its beneficiaries as merely a cheap doctoring establishment, and unless an impracticable stringency of selection be exercised the struggling members of our profession are sure to suffer and their opposition to be justly aroused. I heartily wish your sex every success in the practice of medicine, and I have never seen reason to believe that they shirk fair criticism. Availing myself of your permission I purpose sending copies of your very lucid communications to THE LANCET, together with my letters which elicited them, and I beg to remain, dear Madam,

"Yours faithfully,

"Miss Helen Webb, M.B., &c.

"WM. MCLAURIN."

"SEROUS HÆMORRHAGE."

To the Editors of THE LANCET.

SIRS,—The letter of your correspondent, Dr. Christian Simpson, which asks for information as to whether an addition of acetate of ammonia would have the same effect in retarding milk coagulation as an addition of citrate of soda incidentally raises a question the importance of which overshadows that of the particular point upon which information is sought. This larger issue is the question whether such suggestions as the suggestion for decalcifying cow's milk which I made in THE LANCET some years ago¹ ought to rest upon the dicta of the man who recommends them or upon the authority of accessible experimental proof.

Dr. Christian Simpson has, in asking for a dictum from me as to the appropriateness of a particular addition to milk in lieu of setting about to determine the point for himself awakened me to the fact that I may have neglected in the paper referred to to render the experimental proof upon which I based my proposal sufficiently accessible to the practitioner. I can remedy the omission in a few words. The question whether a particular milk will or will not set in a firm clot in the stomach can be determined by any one at any moment with the very simplest apparatus. To determine the question we require nothing more than a couple of test-tubes or wine-glasses, the milk which is to be tested, and a bottle of ordinary rennet extract, and a teaspoon. Having provided ourselves with these we now warm our milk to blood heat and pour an equal quantity of the warm milk into our test-tubes or wine-glasses. We then make any additions we please to one of the samples of milk. Finally, we add a teaspoonful of rennet extract to each sample of milk. We have now only to determine, by gently tilting the containing vessels at intervals, whether the treated sample of milk clots faster or slower than the untreated sample. If, for instance, we add a small quantity (e.g., ¼ to ½ per cent.) of calcium chloride to the milk we shall see that, as Arthus and Pagès originally pointed out, the milk which has received this addition clots many times more firmly and many times more rapidly than the milk in the control tube. Contrariwise if we have added a small quantity of citrate of soda to the milk we shall see that the milk clots loosely and slowly. If Dr. Simpson will repeat this experiment with samples of ordinary milk he will prob-

ably find that the addition of 1 in 400 (i.e., 1 grain per ounce) of citrate of soda which I have recommended will considerably diminish the firmness of the clot. In the case of some milks it may, perhaps, be necessary to make a somewhat larger addition to secure a sufficiently loose and digestible clot. In other cases a smaller addition may suffice. What is essential in this matter is, however, not so much that we should know the exact percentage of citrate that will prevent the firm clotting of milk in an average sample of milk as that we should know how to go to work to test our milk as to its digestibility. The method which has been described above is useful because it can be applied at any moment in the nursery or sick-room.

With regard to the particular question which forms the subject of Dr. Simpson's letter I have no information. I have not made any determinations as to the effect of additions of acetate of ammonia to milk. In view of the fact that acetate of lime is a soluble salt, such additions do not appear to be well calculated to achieve the desired decalcification of milk. If citrate of soda is, as Dr. Simpson urges, not always at hand, equally good results (except perhaps as regards taste) may be obtained by slightly larger additions of common cream of tartar. Tartrates are effective because tartaric acid forms insoluble combinations with calcium salts.

I am, Sirs, yours truly,

Oct. 13th, 1896.

A. E. WRIGHT.

"THE ABUSIVE COMPETITION OF MID-WIVES."

To the Editors of THE LANCET.

SIRS,—I am of "R.M.O.'s" opinion that lying-in hospitals and charities are open to the abuse he describes. I was lately much struck with a case in point. The profession knows that in the Council of the Hospital Sunday Fund and elsewhere I have endeavoured—in the interest of hospitals, of medical schools, of the profession, of the charitable public, and of the morale of the community generally—to restrict the use of hospitals to really fit cases. I shall continue to do so. The medical officers of lying-in charities would do a great service by calling attention to the evil described by "R.M.O.," and probably not over-described.

I am, Sirs, your obedient servant,

Highbury-place, N., Oct. 14th, 1896. JAMES GREY GLOVER.

"POISONOUS HONEY."

To the Editors of THE LANCET.

SIRS,—I read the account given in THE LANCET of Oct. 10th of the case of Poisoning by Honey reported by Mr. Lyman F. Kebler with much interest on account of a case apparently due to the same cause (but much less severe) coming under my notice only last week. I therefore append a short description of it. On Oct. 4th last I was called to see a friend of mine, a medical man, who had taken a small quantity of honey with his breakfast, but finding it had a most peculiar and disagreeable taste he only ate one mouthful of it. In about an hour and a half afterwards while riding in an omnibus he was seized with giddiness and nausea and lost consciousness for a few minutes. He was put in a cab, and when he reached his home he took some hot water as an emetic, but this did not have the desired effect. When I saw him, about an hour after he was first taken ill, I found him very pale and somewhat collapsed, still very giddy, and suffering with nausea. I at once ordered him to bed and after a few hours he felt better, but the nausea and giddiness lasted for some time, and complete recovery did not take place for some days. I may say that the patient had not felt quite as well as usual for a few days previously to this, but had never had any attack like this before, and he himself does not see what could have caused the symptoms if it were not the honey.

I am, Sirs, yours faithfully,

JOHN ATTLEE.

Brook-street, Grosvenor-square, W., Oct. 13th, 1896.

OPERATIONS FOR CLEFT-PALATE.

To the Editors of THE LANCET.

SIRS,—Mr. Lane's needle-holder, devised for use in operations for cleft-palate, and described in THE LANCET for Oct. 10th, seems to supply an instrument the want of

¹ THE LANCET, July 22nd, 1893.