St. Helens scheme a basket is given to each customer containing nine bottles of sterilised, modified, or humanised milk, and with this a teat which can be fitted upon the end of the bottle. Directions are given to the mothers to feed the baby every two hours during the day and every four hours during the night, and to give the milk through the teat supplied. This seems easy and simple enough in theory. In practice, however, we have, in our endeavours to reduce infantile mortality, to cater for a class who through circumstances or indifference are unable to grasp the full object of the scheme. This class either refuse to use the milk at all or if they use it they pour the milk out of the sterilised bottle into an ordinary "titty bottle" with a long indiarubber tube or replace the teat with a long indiarubber tube of their own and thus save themselves both time and trouble. This materially alters the whole purport of the scheme, as the bottle or the tube used is generally in a state of sepsis, and the baby, instead of receiving pure wholesome milk, obtains it contaminated by admixture with the sour septic milk left from former feeds in the bottle or the tube, and this does not help to reduce infant mortality, but brings the sterilised milk scheme into disrepute.

Supposing the authority which supplies the milk were to obtain a quantity of these long flexible tubes and with every basket they supply, or in such cases as they consider it necessary or where the mothers prefer it, give one or two of these tubes (thoroughly cleansed), so that the child could be fed through this tube instead of the short teat, at the same time directions being given to the mothers that these tubes must be returned daily for cleansing.

1. Would this do away with the efficiency of the scheme?
2. Is it impossible to keep the long tubes clean?
3. Does the contact of sterilised milk with the length of indiarubber (thoroughly cleansed) contaminate the milk?
4. Is the objection to the long tube any other than that it is less likely to be thoroughly cleansed than a short one?
5. If the infant mortality of our manufacturing towns is due chiefly to the feeding of infants on improper food or feeding them out of dirty bottles and tubes, ought not authorities to try to render their scheme for educating and helping the mothers of such practical utility that even the most careless and indifferent could use the sterilised milk without feeling it to be an irksome burden? There is no doubt that the long flexible tube is used, and used to advantage, by many well-to-do people who keep it thoroughly clean, and I should like to know if the consensus of opinion amongst medical men is that milk must of necessity become contaminated the moment it passes through a length of indiarubber, and that the cleansing of this indiarubber tube is an impossibility.

I am, Sirs, yours faithfully,

E. A. CLARKE, M.R.C.S. Eng., L.S.A.

Dukinfield, May 14th, 1901.

"LEGISLATION AGAINST NATIONAL INTEMPERANCE."

To the Editors of THE LANCET.

SIRS,—Dr. Walter Kidd is alarmed lest Dr. Reid's views should triumph on a foundation of Weissmannism. But it is one thing to assert that only inborn characters are transmitted, as Dr. Reid does, and another to attempt to explain how they are transmitted, as Weissmann has done. Nobody has spoken more emphatically than Dr. Reid on this subject. "Weissmann's speculations,"¹ he says, "obscure in themselves, made more obscure by his methods of demonstration, still more obscure by being constantly emended under the influence of destructive criticism, have drawn many students from the true path and by their difficulty have discouraged others." He speaks of Weissmann's views as "more or less metaphysical speculations concerning the continuity of the germ plasm and ids, idants, biophors, and so forth." Dr. Kidd's alarm would appear, therefore, to be groundless.

Dr. Clouston's remarks² concerning my criticisms are excellent in their brevity but deficient in argument of any kind; I will grant him his two irrelevant points cheerfully and humbly withal if he can destroy my criticisms or answer my challenge successfully.

I am, Sirs, yours faithfully,

H. LAING GORDON.

Honor Oak-road, S.E., May 12th, 1901.

SWALLOWING ARTIFICIAL DENTURES.

To the Editors of THE LANCET.

SIRS,—Deaths from swallowing artificial dentures are becoming alarmingly frequent and the operations for the removal of these irregular and spiky objects are very often also fatal. The cause of this fatality is, of course, the hooks and bands which project from the plate, bury themselves in the tissues, and can only be dislodged by still further lacerations. It has struck me that in the case of vulcanite plates (most plates are now made with vulcanised caoutchouc as a base) the removal of the denture could often be facilitated by its being divided *in situ* and the parts removed separately. This could be done by splitting it with cutting forceps or dividing the vulcanite by fusing it with the electric cautery at a not very high heat. Metal plates could not be divided so easily, but it would be by no means impossible with strong shears.

I might also, in this connexion, mention that the swallowing of these dentures takes place as a rule during sleep. I do not wish to add another burden to the already over-laden general practitioner, but he would do well to warn any patient wearing a "partial" denture of the risk he runs, apart from hygienic considerations, by not removing his plate at night.—I am, Sirs, yours faithfully,

WM. RUSHTON, L.D.S. R.C.S. Eng.

Harley-street, W., May 7th, 1901.

KING'S COLLEGE, LONDON, AND THE SOUTH AFRICAN WAR.

To the Editors of THE LANCET.

SIRS,—There is a large wish among old King's collegians and King's College school boys that the services of any of their number who have fallen in the war or who have survived the campaign in South Africa should have suitable commemoration. It will greatly facilitate matters, in view of an early meeting of sympathisers with the movement, if the names of any who are worthily entitled to inclusion in the roll of honour be immediately communicated. The medical representation must necessarily be a very large one and through the medium of THE LANCET we shall doubtless receive the names of a goodly number of King's College men, dead and alive.

I am, Sirs, yours faithfully,

J. TREERVE EDGCOMBE,
Associate of King's College, London.

Inner Temple, E.C., May 6th, 1901.

SOUTH AFRICAN CIVIL SURGEONS' DINNER.

To the Editors of THE LANCET.

SIRS,—We have received so much support in reply to our letter published in THE LANCET of April 27th, p. 1236, that we feel justified in asking you to announce that the dinner will be held on Wednesday, June 5th, at the Hotel Cecil at 7.30 P.M. The price of the tickets will be 10s. 6d. each. We shall be glad to hear as soon as possible from any civil surgeons who may desire to be present. We shall be further obliged to you if you will kindly publish the following list of those who intend to be present: H. A. Ballance, A. A. Bowlby, J. Paul Bush, E. G. Calverley, J. Lenthal Cheatle, W. Watson Cheyne, John Chiene, A. Conan Doyle, H. W. Dudgeon, W. V. Eaves, A. D. Fripp, J. F. R. Gairdner, A. Granville, E. A. Houseman, Sir W. Mac Cormac (chairman), G. H. Makins, H. T. Mursell, T. H. Openshaw, F. O. Stoebr, C. Stonham, H. J. Starling, Sir W. Thomson, H. H. Tooth, F. E. Walker, and P. Wood.

We are, Sirs, yours faithfully,

O. GORDON WATSON,

FRANCIS E. FREMANTLE,

} Acting Secretaries.

39, Moore-street, Lennox-gardens, S.W.

AN APPEAL TO MEDICAL FREEMASONS.

To the Editors of THE LANCET.

SIRS,—I appeal to medical Freemasons to assist me in getting Reginald Everard Adolphe Webster, aged 10 years and three months, into the Royal Masonic Institution for Boys at the October election, which will be his first and

¹ Scottish Medical and Surgical Journal for June, 1900, pp. 513 and 514.

² THE LANCET, April 27th, 1901.