

and tasteless character, which have been put into the market under different fancy names, have been discussed by various writers. But, curiously enough, little attention has been given to a variety of proteid which would seem to have stronger claims to notice than any other, if only on the grounds that it is more readily available and much cheaper than any proprietary food. And irrespective of these two not unimportant recommendations, the facts that cheese has in every form a higher proteid value than meat or any other albuminoid foodstuff; that when appropriately prepared it can be brought to table in as great a variety of dishes and in as appetising shapes as meat; that when properly selected and eaten it is eminently digestible; and lastly, that it is comparatively free from the purin and acetone producing elements which characterise other forms of animal proteid, should give it a strong claim to consideration in the dietetic treatment of glycosuria. It is true that von Noorden asserts in his illuminating work on the pathology and treatment of diabetes mellitus that feeding with casein is associated with glycosuria in a marked degree; but he also makes, in the same work, the paradoxical statement that casein does not contain any carbohydrates that can be split off in the process of digestion.

However we may attempt to reconcile these apparently conflicting statements, it is highly probable that they are to be in some degree explained by an oversight of the fact that cheese is as varied in its characteristics as is meat, and that even one kind of cheese may vary so much during the changes it undergoes in ripening that what is easily digestible at one stage may become very indigestible at a later one. Moreover, the change which the volatile fatty acids in particular undergo in the ripening of most kinds of cheese, when considered in combination with the possibility, on which von Noorden himself lays much stress, that they may, under the influence of a special ferment, split up into glucosides, increases the perplexity of this problem. That the indigestibility of fully ripe cheeses of the larger types is mainly due to the rancid character which their fatty acids acquire is certain, though there are other elements of ripe cheese which may help in producing this result. It is obvious therefore that the question of what is the true value of cheese as an element of the diet in diabetes in comparison with egg albumin, meat, and various forms of vegetable proteid, from all of which it is claimed that glucose can be derived under favourable conditions in the digestive process, requires to be answered in a more satisfactory way than has been yet done. Such an answer to be of any real value must be of a practical character and can be only given by medical practitioners who, having cases of diabetes under their observation, can contribute important information on the subject. This they can do by the careful dietetic administration, in measured quantities and under the best control conditions which the circumstances of each case allow, of a form of cheese, specially selected for the purpose, and by the estimation of the effects of a diet composed of such cheese in suitable quantities and with proper accompaniments on the elimination of sugar in the urine, for a sufficient time to allow of a trustworthy inference being drawn from the experiment.

For the reason above stated the value of the information to be derived from this inquiry will depend on the uniformity of character and composition of the cheese selected for it. The cheese should be one which, while containing a fair amount of butter fat, is free from any degree of rancidity. Moreover, it is desirable in view of the distaste which the diabetic palate easily acquires for any long-continued diet in which the ordinary forms of carbohydrates are absent, that the cheese should be of a kind in which, whilst it has no marked flavour of its own, it should be capable of being made as appetising as possible, either by the incorporation with it of unobjectionable flavouring ingredients or by the development of the special aroma which all cheese acquires under effective culinary treatment. Any medical practitioner who has a case of diabetes under his observation and who will take the trouble of explaining to his patient the way in which the cheese should be consumed and who will determine its effects upon the variation of sugar in the urine and on the weight of his patient may make a valuable contribution to clearing up this obscure but important problem. The interest of this inquiry is the greater because, as von Noorden himself points out, the explosion of glycosuria, when it does occur in a shape in which its true

character cannot be overlooked, is in many cases only the climax of a long-continued metabolic disturbance which is often unrecognised by patient or practitioner except as some general and obscure trouble of digestion. In such cases early dietetic treatment is of the first importance, and it is in them more especially that the judicious use of cheese, in regard to both quantity and quality, offers resources which no other foodstuff possesses.

I am, Sir, yours faithfully,
Gloucester, July 20th, 1908. FRANCIS T. BOND, M.D. Lond.

REMOVAL OF THE APPENDIX AFTER PERITYPHLITIC ABSCESS.

To the Editor of THE LANCET.

SIR,—I have read with interest Mr. W. H. Battle's paper in *THE LANCET* of July 11th. I entirely agree with him as to the importance of removing the appendix in all cases of appendicital abscess, the abscess being opened first and in a week or ten days afterwards the appendix is removed. This method I have adopted for the last 18 months, and I was led to do so owing to three cases where I had previously opened an abscess having had a recurrent attack from six to nine months after the first operation. The smaller the abscess the greater the importance of removing the appendix. In large abscesses the appendix seems more likely to completely shrivel than in the small ones. It is seldom, however, that we get large abscesses nowadays as they are more promptly operated on, and therefore we may take it as the rule that the appendix is best removed.

I am, Sir, yours faithfully,
J. CRAWFORD RENTON, M.D. Edin.
Glasgow, July 13th, 1908.

THE CHURCH OF ENGLAND MISSION TO HOP-PICKERS.

To the Editor of THE LANCET.

SIR,—Again I trust you will allow me to appeal through your columns to your many readers, whom otherwise I should not be able to reach, for their practical sympathy with the work we have been doing for the past 30 years among the immigrant hop-pickers. It is not possible for the parochial clergy to minister to the in some cases thousands of immigrants temporarily residing in their parishes and so the mission comes to their aid and sends them trained nurses to minister to the sick, lady workers to help with coffee stalls, club tents, reading rooms, classes, &c., and evangelists and clergy.

Although there has been a large reduction in the acreage under hops in Kent I expect that our 120 workers will be in touch this season with some 40,000 pickers, for the most part Londoners.

In asking for donations and subscriptions towards the £250 I have to raise I would remind your readers that most of our kind helpers only receive their board and lodging expenses.

Bundles of cast-off linen and parcels of literature, of which the supply is never equal to the demand, should be sent to me addressed to Watlingbury Station.

Assuring you of our appreciation of the kind assistance you give us,

I am, Sir, yours faithfully,
FRANCIS G. OLIPHANT,
Honorary Secretary of the Church of England Mission
to Hop-Pickers and Rector of Teston.
Teston Rectory, Maidstone, July 17th, 1908.

ERYTHEMA IRIS TREATED WITH PICRIC ACID.

To the Editor of THE LANCET.

SIR,—With the limited opportunities of a general practitioner in treating this somewhat uncommon disease I have found the usual methods unsatisfactory. I make bold, therefore, to send you this note, as I found the treatment adopted relieve the symptoms to a marked degree.

Miss —, aged 31 years, had been treated by me three years ago for erythema iris. The second attack occurred at

exactly the same time this year—the end of June. The lesions, beginning on the backs of the forearms, had affected both wrists, backs of hands and finger-tips, left upper arm, right elbow and shoulder, right thigh and back of calf, left foot on instep, plantar surface of right foot with ball of great toe and both knees. The attack was very severe, much more so than the previous one. Ordinary drugs and applications did no good, the patient being unable to rest owing to the severe pain.

About the fourth day from the commencement of the attack, while the lesions were still appearing, she described the pain as exactly like that of burns, so I decided to try the application of a 1 per cent. solution of picric acid on wool. On calling next day I found that she had passed a good night and was considerably relieved. Under the continued application she got well with scarcely any pain and she was most emphatic about the efficacy of the new lotion, which had been applied fresh twice a day. It is a good plan in applying the picric acid to smear one's hands thoroughly with vaseline to prevent staining.

I am, Sir, yours faithfully,

Croydon, July 12th, 1908.

A. PERCY ALLAN.

HOSPITAL APPEAL LITERATURE.

To the Editor of THE LANCET.

SIR,—At the present time a special appeal is being prosecuted at Birmingham, both in the local press and by a committee, on behalf of the Birmingham and Midland Hospital for Women, Sparkhill, which has not received of recent years such financial support as its managers think it deserves and requires. The wiping out of last year's deficit and the prevention of its recurrence are aims laudable in themselves, and worthy of the encouragement of the medical profession, but in the manner of this appeal there is an element rather less praiseworthy. Of the particular statements in the Birmingham press to which exception may be taken perhaps the worst is this: "Compared with 16 other hospitals for women, what do we find? Two-thirds of the women who would have died if they had gone to the other hospitals were restored to life in this hospital. This means thousands of lives have been saved." Now if this wild statement, which is published apparently on the authority of the late chairman of the hospital, conveys anything at all it is the impression that at Sparkhill the treatment of disease is three times as successful as elsewhere, because attended by one-third of the mortality; and further, that thousands of deaths due to lack of skill or care occur at other institutions. I feel sure that no such claim is advanced by the members of the medical staff, but they should take measures promptly to prevent the circulation of such exaggerations. It appears also that at a recent lecture delivered by the chairman of the hospital credit was taken for the publication of the annual death-rate and the remark was added, "this is by no means done by every other hospital." Inasmuch as a few lines higher in the article whence these extracts are taken it is claimed that 1500 lives are saved per annum at the Sparkhill Hospital, and inasmuch as the total number of beds in the wards is 50, it is probable that some of the statistics made public are erroneous and it would in any case have been preferable to refrain from sneers at rival institutions. The importation of unduly commercial methods into hospital appeal literature is occasionally distinctly unfortunate, as in this case: it places the medical staff in an awkward relation to their professional neighbours, both in Birmingham and elsewhere; and it may divert income or legacies from other institutions quite as deserving and quite as poverty-stricken as the Birmingham Hospital for Women.

I am, Sir, yours faithfully,

M.D.

July 20th, 1908.

* * We have seen an article in the Birmingham local press which makes us take the views of our correspondent.—
ED. L.

INTERNATIONAL CONGRESS OF RADIOLOGY AND MEDICAL ELECTROLOGY.—As already mentioned, a fourth congress will be held in the University, Amsterdam, from Sept. 1st to 5th. The previous congresses were held at Paris in 1900, in Berne in 1903, and in Milan in 1906.

NOTES UPON HEALTH RESORTS.

SCANDINAVIAN WINTER HEALTH STATIONS.

(BY A SPECIAL COMMISSIONER.)

IX.¹

GENERAL AND CONCLUDING CONSIDERATIONS.

IN my previous articles I have endeavoured to collect and to present in a necessarily condensed form trustworthy information regarding Scandinavia likely to be helpful to English health seekers and their medical advisers. It now only remains in this concluding article to gather up certain fragments of fact and suggestion which may be of service to those who propose to follow your Commissioner's recommendations and to prepare for a visit to Scandinavia next winter.

CONCERNING TRAVEL.

As Scandinavia becomes better known to English visitors means of transit and speed of travel must inevitably be improved. I believe, however, that the popularisation of Norway and Sweden as resorts for winter sport and residence would be accelerated by a little more enterprise on the part of railway and steamboat authorities. It rests in great measure with them not only to supply the means for transit but to develop the desire and demand for travel in Scandinavia. With the completion of the new line between Christiania and Bergen an impetus should be given to all the steamship services between this land and Norway's western seaport Bergen.

I strongly recommend that visitors to either Norway or Sweden should if possible include a visit to Denmark's capital. Copenhagen is a city of many charms and offers much of interest to the medical traveller. Although it does not come within the scope of these articles to deal with the health resorts of Denmark, I have thought it desirable to add a paragraph of hints and suggestions likely to be helpful to those who are wise enough to include a visit to Copenhagen in their programme.

In addition to the serviceable guide-books referred to in my previous articles, special mention should be made of the manual prepared by the Rev. Thomas B. Willson, M.A., a well-known authority on Norwegian history and customs.² It contains much valuable information regarding routes and gives particulars of the route via Harwich, Esbjerg, and Copenhagen, and along the west coast of Sweden to Christiania. It also gives helpful English and Norwegian phrases and vocabulary. I can specially commend this pocket volume to all visitors to Norway. The same author has recently published a delightful little work on Norway and Norwegians which should be read by every prospective visitor.³ It contains much information, attractively expressed, concerning the Constitution and Government of Norway, its methods and measures for national defence, the religious life of its people, their literature and music and provisions for education, with notes on customs, laws, industries, and forms of local government. The chapter on "Norway as a Playground" contains much information suited to the requirements of English visitors.

All English lovers of Norway would do well to join the Norwegian Club.⁴ In its current "Year Book" a very full bibliography is given of "Literature relating to Scandinavia."⁵

The Christiania-Bergen Railway.

The completion of the new railway between the Norwegian metropolis and the capital of its western seaboard is an event of great importance. It will exercise far-extending

¹ Nos. I., II., III., IV., V., VI., VII., and VIII. were published in THE LANCET of April 25th (p. 1238), May 2nd (p. 1306), 16th (p. 1435), and 30th (p. 1578), June 13th (p. 1717) and 27th (p. 1875), and July 4th (p. 51) and 18th (p. 186), 1908, respectively.

² The Handy Guide to Norway, by Thomas B. Willson, M.A. Fifth edition, pp. 275, with maps. London: Edward Stanford. 1906.

³ "Norway at Home," by Thomas B. Willson, M.A. Pp. 228, with illustrations. London: George Newnes, Limited. 1908. Price 5s. net.

⁴ The headquarters of the Norwegian Club are at 112, Strand, London, W.C.

⁵ The Year Book of the Norwegian Club for 1908. Edited by T. Olaf Willson. London: William Clowes and Sons, Limited.