the relief of widows and orphans, of which my friend Mr. Christopher Heath is president, is one of them and is actually so prosperous that in addition to the pensions and annuities promised to subscribers of one guinea it is able to give a yearly bonus to those who become dependent on its help. We have also to remember the scholarships and annuities founded in connexion with Epsom College. I am quite ready to admit that more might be done than we have done, but it must be borne in mind that the columns of THE LANCET and the *British Medical Journal* have always been open to our appeals and we may well feel that their approval of our work carries weight which is probably quite the equivalent in value of even an energetic paid secretary.

I am, Sirs, yours faithfully,

Brook-street, W., Oct. 26th, 1904.

W. H. BROADBENT.

MUNICIPALISATION OF MEDICAL SERVICE IN ZÜRICH.

To the Editors of THE LANCET.

SIRS,—An organisation of the kind you mention in your issue of Sept. 24th has been on trial in Zürich since last year but only on a small scale and the extension of this club system to all the inhabitants of Zürich is but a socialistic and Utopian project impossible of realisation because, as you truly remark, it is incompatible with the practical and ethical demands and requirements both of the medical and the lay public.

To put it into as few words as possible the matter stands thus. The medical claims of the indigent part of the population are more than amply provided for and there is reason to complain of hospital abuse. The poor are received at a minimum charge in the general hospital. The out-patient department of the University Hospital not only gives free advice and medicine to upwards of 100 patients a day but undertakes the visiting of all the poor at their homes within a three-mile radius. This work is done by the professor of the polyclinic aided by a capable staff of eight young practitioners. Then a club (*Allgemeiner Kranken-Verein*) has existed for 20 years with the object of providing private medical attendance for a fee of about 10s. per annum. Only the poorer classes are admitted. The club has about 1500 members and there are eight medical men in attendance. Besides this a score of "medical aid clubs" give their members sums varying from 1 franc 50 centimes to 4 francs (1s. 2½d. to 3s. 2½d.) a day on the monthly payment of a similar sum. Here there was much abuse as the members often did not remunerate their medical attendants. The Society of Medical Practitioners, which was founded ten years ago and has done good work in the furtherance of the scientific and material interests of the profession, therefore established in 1902 a new club (*Armenpflege*) on the following principles. Each member pays an annual sum of 12 francs (9s. 8d.) a year (children at a lower rate), for which he receives free medical attendance and medicine and has a right of admission to various hospitals free of charge. The admission to hospital is controlled by the medical officers and care is taken that the average annual income of each applicant does not exceed £40 for a single person and £80 for the head of a family. There are about 3000 members and 40 medical men are in attendance. Each medical man is remunerated according to the minimum official scale adopted in accordance with the Poor-laws—namely, 1 franc (10d.) for a consultation at his house and 1 franc 50 centimes (1s. 2½d.) for a visit within a certain radius from his residence, outside which he can decline visits. Night visits are paid double and special examinations and operations are charged on a higher scale. This club, which has nothing to do with socialism, has progressed well so far. With great care on the part of the club officers there has been a small balance at the end of each year. This is of importance to the medical officers as they guarantee the concern financially; if there were a deficit the sums (varying from £2 to £50) due to each medical officer at the end of the year would be reduced *pro rata*.

Now, as to the socialist scheme. A socialist workmen's club, which is scarcely a year old and has as yet only 600 members, tried to engage the services of medical men at lower rates than the above-mentioned official minimum rates. The result was a total failure. Within 24 hours of the time when the circular of the socialist club was issued the Society of Medical Practitioners convened a meeting; within two days all the medical men in the town had been visited,

and the Society for Medical Defence (*Rechtsschutz Verein*) convened a general meeting of practitioners. They decided to negotiate as a body with the socialist club and insisted on the following two conditions, namely—(1) that none but a duly qualified medical man in Zürich should be allowed to be elected as medical officer of the club; and (2) that no medical man in Zürich should offer his services at a lower rate than the above-mentioned official minimum rate. Owing to the absolute unity of the medical men the socialist club had to concede these demands and a committee of 12 medical men supervises the execution of the contract. A considerable number of medical men, chiefly junior practitioners with working-class practices, have accepted the post of medical attendants for members of the club. Though in the course of time it may double and treble the number of its members, it is most unlikely to encroach on the proper demands of the medical profession for sufficient remuneration on the part of the better half of the inhabitants, the more so as medical fees are lower in Switzerland than in other countries. (Fees are from 1s. 8d. to 4s. but seldom higher.) There can be no question of a division in equal shares of a "pool," and if the whole population joined this club the sum of £20,000 which is mentioned in your annotation would have to be divided among 160 practitioners. This would mean but a meagre annual income of £125—a sum which only juniors in their first years of practice would be contented with.

I am, Sirs, yours faithfully,

Zürich, Oct. 21st, 1904.

YOUR SWISS CORRESPONDENT.

THE LATE PROFESSOR FINSEN.

To the Editors of THE LANCET.

SIRS,—A movement has been initiated in Denmark for the erection of a monument to the late Professor Finsen by national subscription. A committee has been appointed to carry the proposal into effect. It is thought that many members of the medical profession and of the public outside Denmark would be willing to join in doing honour to the memory of a man who worked unselfishly for the good of mankind, and I have been asked by the committee to bring the matter to the notice of my countrymen and if possible to form a British committee for the furtherance of the scheme. I shall be happy to receive the names of gentlemen willing to act.

I am, Sirs, yours faithfully,

8, Harley-street, W., Oct. 19th, 1904.

MALCOLM MORRIS.

SOME REMARKS ON THE CAUSATION AND TREATMENT OF HERNIA.

To the Editors of THE LANCET.

SIRS,—There have recently appeared in the medical journals two very interesting communications on the subject of hernia. One of these deals chiefly with the origin of hernia and the other with its treatment. I refer to the presidential address of Mr. R. Hamilton Russell, which was delivered before the Medical Society of Victoria, Australia, on Jan. 6th, 1904, and was published in THE LANCET of March 12th, p. 707; and to the paper read before the Oxford meeting of the British Medical Association, by Mr. Harold J. Stiles, entitled "The Operative Treatment of Hernia in Infants and Young Children," published in the *British Medical Journal* of Oct. 1st.

For my own part I firmly believe in the truth of Mr. Russell's contention as to the congenital origin of the so-called acquired hernia, but whilst admitting that the chief factor in the formation of a hernia is the presence of a congenital defect in the region concerned, it surely is not necessary to insist that the existing sac was in all cases completely formed at the time of birth.

Clinical experience teaches us that many cases of scrotal hernia in adults have been of gradual formation and it is only after some years that the hernia from being a bubonocoele becomes scrotal. In such a case it is reasonable to suppose that the hernial sac has been to a large extent acquired, though probably having a congenital defect as a primary cause in the form of a slight patency of the upper part of the funicular process. At the same time it not unfrequently happens that a hernia appearing for the first time during adult life is found to be scrotal. In such cases the gut is frequently strangulated and to my mind such herniae are clearly due to the presence of a congenital sac into

which the gut has been suddenly forced. The neck and body of the sac being narrow accounts for the frequency with which strangulation occurs under these conditions. The following is a case in point. A few months ago I was called upon to operate for strangulated hernia in a young man, 18 years of age. The man was engaged in work near the hospital and the swelling had suddenly appeared while he was lifting a heavy piece of timber. I operated a few hours after the occurrence of the accident. There was no previous history of a hernia. The hernia occupied the right inguinal region and extended to the upper part of the scrotum. The sudden appearance of a hernia of this size, the tightness of the strangulation at the neck of the sac, together with the general appearance of the sac and its surroundings, made it clear that the gut had for the first time descended into a sac which had existed since birth. I would also instance two other cases in support of Mr. Russell's view. Three weeks ago I operated on the same afternoon upon two patients for the radical cure of hernia; one was a man with an ordinary inguinal hernia which is usually regarded as acquired; the other an infant, two months of age, with an inguinal hernia which is usually regarded as congenital. In both cases the general arrangement of the sac was the same and it was quite unconnected with the tunica vaginalis testis.

Any surgeon who has operated frequently for the radical cure of inguinal hernia in infants and young children will, I am sure, agree with me when I say that the usual type of the sac is identical with that met with when operating upon an adult for what is generally considered as an acquired hernia. The typical congenital hernia as described in the text-books is comparatively rare. In the case of young children, at all events, it is generally admitted that the chief factor in the causation of hernia is the presence of a congenital sac. If the form of sac found in the child is usually identical with that found in the adult such evidence tends to strengthen materially Mr. Russell's contention that oblique inguinal hernia is invariably caused by the presence of a congenital sac. Has the acceptance of such a pathological belief any bearing upon the treatment of hernia? It certainly has, for if the belief in the congenital origin of most, if not of all, herniæ became general, then it is reasonable to suppose that the advisability of a radical cure by operation during infancy would be more seriously considered and, I hope, more frequently practised. If it can be proved that the operation during infancy can be carried out without undue risk to life, and with strong probability of the cure being permanent, then it is a method of treatment which will commend itself to the profession and to the public alike.

The chief cause which for many years deterred me from generally operating upon children under two years of age was, in the first place, the difficulty of the operation, and secondly the difficulty of keeping the wound clean. There is no doubt that in operating upon young children there is a very limited margin for error allowed to the surgeon. Still, after a little practice the operation is not attended with any real difficulty and the results obtained by Mr. Stiles are in themselves sufficient proof that in competent hands the operation may with safety be undertaken during infancy. As to the subsequent treatment of the wound, it is true there are certain difficulties in ensuring cleanliness, but these difficulties have been greatly exaggerated. In operating for the cure of hernia in an adult the weakened condition of the abdominal wall renders it difficult to obtain a permanent cure. The number of different operations devised for the cure of inguinal hernia alone is sufficient evidence of this. In infants, on the other hand, the method of procedure is comparatively simple. The details of the operation have been so recently and so clearly described by Mr. Stiles that I do not propose to dwell at any length upon this point. Excision of the sac (which in the vast majority of cases resembles the sac found in the so-called acquired hernia and is entirely separate from the tunica vaginalis testis) after having ligatured its neck as high up as possible is the essential point. In many cases this is all that is required, but when the hernia is a large one and the abdominal rings widely open I divide the aponeurosis of the external oblique with the double object of ensuring a high ligature of the neck of the sac, and subsequently, by means of mattress sutures, of overlapping the cut surfaces of the aponeurosis, thus narrowing the opening and strengthening the weakened abdominal wall. As regards the after-treatment I have always applied a dressing, for the pressure of the bandage tends to prevent oozing and favours

the consolidation of the wound, otherwise the children have been secured in bed by means of straps and splints very much in the way Mr. Stiles adopts and which is admirably illustrated in his paper which I have already referred to. The age at which the operation should be performed must of necessity depend upon various conditions. I have mentioned a case in which I operated upon a child, two months of age, for a large scrotal hernia, but as a general rule if the health of the child and other circumstances permit of it I would select to operate between the fourth and sixth month. If in the meantime a good-fitting truss can be obtained it is advisable for the child to wear it. Should the hernia be a large one a truss will probably serve no useful purpose, for the pressure necessary to retain the bowel will be likely to irritate the skin over the future site of the wound; further, in these large herniæ there is very little likelihood of strangulation occurring.

In advocating early operative treatment I am perfectly well aware that many herniæ have been practically cured by means of a truss alone but such a "cure" must always remain problematical, it being quite impossible to know how far the exclusion of the bowel from the sac has resulted in the closure of the patent funicular process. In many cases no doubt the process does become obliterated but, on the other hand, it must be by no means uncommon for the process of obliteration to be so imperfect as to leave either a congenital sac into which, under the influence of a violent effort, the bowel may be suddenly forced and probably strangulated, or a diverticulum may remain at the upper end of the otherwise obliterated process, which by its presence weakens the abdominal wall and by becoming gradually distended results in the formation of a hernia. The argument in favour of early operative treatment rather than the prolonged use of a truss will apply with greater force in the case of the children of the labouring class than in those of better social standing.

I am, Sirs, yours faithfully,

R. W. MURRAY, F.R.C.S. Eng.,

Surgeon to the Northern Hospital, Liverpool; late Surgeon to the Liverpool Infirmary for Children.

Liverpool, Oct. 19th, 1904.

THE BOILING OF MILK.

To the Editors of THE LANCET.

SIRS,—I sympathise most warmly with Dr. F. W. Forbes Ross in the bold attempt he has made to bolster up his recommendation of dried milk by introducing such a large personal element into the reply to his critics. In adding a few more words to the controversy I trust I shall not wander beyond the facts and that I shall not ascribe to Dr. Forbes Ross or to anyone else statements which are not warranted. First, however, let me assure him that I made no "grudging admissions," that I did "consider and carefully read" his letter, that I am acquainted with his book, that I am unfortunately unaware of the pitfalls into which I have fallen, that my letter did not imply ignorance on his part, and that no word in it can be honestly assumed to indicate that the suggestion to use good dried milk is "senseless and devoid of practicability." These are all figments of a vivid imagination: "Aunt Sallies" which he has erected to practise his dialectic skill on. My letter was merely a humble protest against the proposal to add another proprietary food to the enormous number already in existence and against the recommendation of proprietary foods, new or old, for the preventive treatment of infantile diarrhoea. Logically it does not follow that I was accusing Dr. Forbes Ross of advocating the use of proprietary foods generally, although he appears to reason thus. Dried milk is what most of us understand as a proprietary food though, if the name is a "red rag" I am quite prepared to refer to it as *manufacturer's stuff*. The objections to such foods are sufficiently numerous and well known to need no further reference.

Of the many virtues claimed for the dried milk I limited myself almost entirely to a mild criticism of the statement that "pure milk can be made from it." Those are the words Dr. Forbes Ross used and yet he objects to my criticism and states that he "certainly did not say 'new milk'" and points out that "'pure milk' might be reasonably expected to mean milk free from bacterial and chemical impurity, &c." I quite agree with him but I neither stated nor supposed that he meant "new milk" fresh from the cow.