that may accrue from proper use. What are the alternatives adduced in the other communications that have appeared under this heading? (1) the use of a milk powder, but this being rather outside the question need not be discussed; (2) that milk should be pasteurised and then kept cool—eminently desirable, no doubt, but quite impossible in any but well-to-do houses; and (3) the more general opinion that the milk-supply should be placed on a proper footing. There can be no doubt about the desirability of this last and the great benefit that will accrue, but so long as the wind blows and the dust of our city streets is carried about by it, I fear this trouble will continue and if dust enters milk, boiling only increases the suitability of that medium for the rapid extension of the contamination under favourable temperature conditions.

If it be necessary, then, to keep milk sweet during the hot months in the "home" there is really no method open to all and sundry at the present time but the *home* use of preservatives, and of these I would suggest formalin. No doubt this is a very poisonous substance, but so is strychnine, and yet that property does not debar the latter from being a very beneficial therapeutic agent in proper amounts even for prolonged treatment. Is it, after all, "a counsel of despair" to advocate an unprejudiced and scientific attitude towards the case for preservatives, for which is more terrible, the rather hypothetical "bogey" of that name or the stern reality of infantile diarrhoea?

I am, Sirs, yours faithfully,

Hammersmith, W., Oct. 14th, 1904.

CECIL REVIS.

THE CENTRAL MIDWIVES BOARD AND IRISH TRAINED MIDWIFERY NURSES.

To the Editors of THE LANCET.

SIRS,—As attention has lately been drawn to the proceedings of the Central Midwives Board in connexion with the status of Irish trained midwifery nurses, I take the opportunity through your columns to announce that the points at issue between this board and the governors of the Rotunda Hospital have been amicably arranged. The Central Midwives Board has formally intimated its intention to ask the Privy Council to modify the rules so as to permit our hospital to be placed on the register of institutions whose certificate will be accepted. The settlement arrived at has been in the form of a compromise satisfactory to everyone.—I am, Sirs, yours faithfully,

E. HASTINGS TWEEDY,

Oct. 12th, 1904.

Master, Rotunda Hospital.

A CASE OF SUICIDE.

To the Editors of THE LANCET.

SIRS,—A case of suicide which came under my notice recently may be of some interest from a medico-legal point of view. A man, aged 49 years, was brought into hospital in a very collapsed condition. I saw him directly on admission and was informed that he had attempted to commit suicide by cutting his throat and stabbing himself in the thorax. His wounds had been temporarily dressed by a medical man who was summoned to the house and who ordered his immediate removal to hospital. As there was still a considerable amount of bleeding from his neck wounds I removed the bandages and dressing and was immediately confronted with an alarming hæmorrhage. I secured the bleeding point which turned out to be the internal jugular vein. A few other unimportant bleeding points were also secured. This hæmorrhage had been from the right side of the neck. There was practically no hæmorrhage from the left side of the neck. The various remedies for collapse were resorted to but the patient died in about one hour after admission.

An examination after death showed injuries as follows: on the right side of the neck a jagged wound about five inches long, extending from behind the sterno-mastoid process to the lower border of the thyroid cartilage, dividing the external jugular vein, the sterno-mastoid muscles, and all the structures between it and the internal jugular vein which was also divided; the carotid artery was uninjured. On the left side of the neck was a wound four inches long dividing the external jugular vein and some superficial fibres of the sterno-mastoid. The trachea was uninjured. On examination of the thorax 11 punctures were found around the left nipple. By passing a probe seven of these

were found to communicate with the cavity of the thorax. There was a considerable amount of surgical emphysema extending over the greater part of the thorax and abdomen.

A pocket-knife with a two-inch pointed blade was the weapon with which the wounds were inflicted. The injuries were of such a nature that unless the evidence given at the coroner's inquest had undoubtedly pointed to suicide one would have been inclined to think it a particularly brutal case of murder. I was unfortunately not able to obtain a photograph of the injuries.

I am, Sirs, yours faithfully,

WILLIAM E. O'HARA,

House Surgeon, Victoria Central Hospital,
Liscard, Cheshire.

Oct. 17th, 1904.

KIRKES' PHYSIOLOGY.

To the Editors of THE LANCET.

SIRS,—I notice a slip in the review of my book you publish to-day. The reviewer states that the present edition is the third since Kirkes' Physiology has been in my hands. In reality it is the sixth since I assumed the editorship in 1896.

I am, Sirs, yours faithfully,

W. D. HALLIBURTON

King's College, London, Oct. 15th, 1904.

THE TREATMENT OF BLOOD POISONING BY PERCHLORIDE OF IRON.

To the Editors of THE LANCET.

SIRS,—Sir Isambard Owen's interesting case of streptococcic infection in THE LANCET of Oct. 15th, p. 1079, is of great importance as being a further confirmation of the great value of perchloride of iron in septicæmia. In the case recorded antistreptococcic serums had been tried, Roux's polyvalent serum with distinct success, yet the patient could not be said to have been out of danger till the tinctura ferri perchloridi had been administered in 30 drop doses every six hours.

For years it has been my practice in every case of blood poisoning, septicæmic, sapræmic, or local, to administer tinctura ferri perchloridi in 15 or 30 drop doses every three or four hours, and I know nothing which gives better results. It is not only in puerperal cases that it is useful but in those many cases of local and general septic infection which one meets with in consulting gynæcological practice, especially in hospital. No other preparation of iron acts in this way, the temperature immediately rising and rigors recurring if another salt of iron is substituted. Perchloride of iron, given in water, can practically always be borne; it cleans the tongue and does not upset the stomach if the bowels are kept slightly active with sulphate of magnesium. If puerperal cases were at once put on perchloride of iron instead of quinine or salicine, recovery would be more frequent and valuable time would not be lost whilst waiting for the antistreptococcic serum to arrive.

If it be true that there are 38 different strands of streptococci and that the most complex polyvalent serum now obtainable contains only six or seven of these we are still far from having at our disposal a trustworthy serum. The poor practical results of the use of serums in septicæmia make the value of perchloride of iron stand out all the more prominently, and it is for that reason that I draw special attention to Sir Isambard Owen's article.

I am, Sirs, yours faithfully,

AMAND ROUTH, M.D., F.R.C.P. Lond.

Manchester-square, W., Oct. 17th, 1904.

STATIC MACHINES AND X-RAY DERMATITIS.

To the Editors of THE LANCET.

SIRS,—I must thank Dr. A. J. Cleveland for setting me right concerning the occurrence of dermatitis as the result of the application of the x rays from a static machine. I should have said accidental or unintentional dermatitis, since it follows that if the rays produce a reaction at all, which they do, they must be capable of producing dermatitis if pushed far enough. I have used the x rays for therapeutic purposes since December, 1901, and have used both coils and static machines. I have had to deal with dermatitis occasionally, as have, I believe, most other men who use rays. In all the

instances in which I have seen it, which certainly have not been many, it has been caused by the use of a coil, and I have never been troubled by it when using a static machine, nor have I ever heard of a case caused in this way. I think that there must be some grounds for a belief which has become so general, but the relative safety or otherwise of the rays from different sources is difficult to ascertain and will be so unless or until static machines become as common a source of them as coils are.

I am, Sirs, yours faithfully,

WM. SALISBURY-SHARPE, M.D. Durh., M.R.C.S. Eng.,
L.R.C.P. Lond., D.P.H.

Cleveland-terrace, W., Oct. 18th, 1904.

THE BRITISH MEDICAL BENEVOLENT FUND.

To the Editors of THE LANCET.

SIRS,—The letter from the President of the British Medical Benevolent Fund which appeared a short time since in the *Times* and to which reference was made in THE LANCET of Oct. 15th, p. 1095, was as eloquent an appeal for the funds of that worthy charity as could be made, and one can only hope that the hearts of members of the profession and of the public will be touched, with the result that the present financial difficulties will be overcome. But the question that naturally occurs to a business man is this: Why is an institution which exists for the benefit of a profession numbering over 37,000 members allowed to get into straits for money? Whilst granting that only a few medical men are very rich, still there are a very large number who make a good income, whilst the majority earn sufficient to spare, at any rate, a few shillings a year in aid of those of their less fortunate brethren who fall by the way owing to unforeseen circumstances. Looking at the matter from this practical point of view one naturally seeks for some defect which may be remedied: are the rules as to the dispensing of the funds too restrictive? is there anything in the working of the charity to alienate the sympathies of members of the profession? or is there somewhere a lacking of that business-like organisation which is as essential for the success of a charity as for the prospering of a large commercial undertaking? The answer to the first question is very easily made. So far as the rules of the fund show there is practically no restriction beyond the fact that there must be funds in hand. Apart from this, every one of the 37,800 medical men on the Register has a right to appeal to the British Medical Benevolent Fund for himself or for a *confrère* in distress. With regard to the second question, Sir William Broadbent's letter shows that no objection can be raised as regards the working of the fund. The annuitants are appointed and the grants are made without the delay and cost of an election, entirely on the merits of the applicants, and according to the urgency of the cases which go before the committee at their monthly meetings. This is as ideal a form of administering charitable funds as could be imagined—no waiting, no publicity, and the grants are not given in one sum (in which case they would frequently find their way into the hands of the landlord for arrears of rent), but they are paid in monthly instalments as a rule in order that the maximum amount of good may be done in every case. We therefore come to the last question: Is there something wanting from the point of view of businesslike organisation? And here I will let the President answer in his own words. "There are no buildings to maintain, no office expenses, no salaried officials." Here, I venture to suggest, is the key to the situation. However zealous honorary officials may be in their work (and having known successive secretaries of this fund I can testify to the whole-hearted way in which they have worked), a charitable institution depending upon honorary work cannot reach the degree of success which is attained by those which have a well-paid secretary who devotes his whole time to the interests of the charity. And is there anything surprising in this? A secretary who can command a good salary has undergone a long apprenticeship in the difficult art of getting money and he has acquired those powers of organisation which will enable him to obtain contributions in spite of passing difficulties, such as shortness of money, wars, and the numerous other reasons offered by charities to account for the decrease in contributions. To repeat, the obtaining of contributions is an art and none know this better than the committees of

our leading charitable institutions who do not hesitate to give a good salary to a thoroughly qualified man, for they know full well that the money will be repaid ten-fold in the return of donations, subscriptions, and legacies.

Let us take a glance at the income of the fund for the last ten years, or, to be more correct, from 1893 to 1902, as I have not a later copy of the report by me. In 1902 the total of donations and subscriptions was exactly the same as in the year 1893, so there is evidently no progress in this department, and in some years the total has fallen as low as £1291 and £1367, whilst it has been as high as £1883 and £1791. As regards the grant department, the sum of £1866 was disbursed in 1893 and £1503 in 1902, being a decrease of £363. As to the total number of contributors I have not counted these but believe a very fair estimate would be 1350. As this number includes all contributors, medical men, ladies, and those not belonging to the profession, I presume we may fairly say that not more than 1000 medical men out of the 37,000 on the Medical Register show sufficient interest in this invaluable institution to contribute to its funds. Next as to the honorary local secretaries—those channels through which funds flow so regularly into the coffers of a charity. There are under 100 of these, including some representing the hospitals and schools in London. With the organising powers of a good paid secretary these officials ought to be increased to 300 or 400 and if the fact were made clear that subscriptions of half-a-crown or 5s. were welcome there would be a great increase in the receipts. Then honorary local secretaries should be urged to obtain contributions from those outside the profession, for most persons agree that the payment of the doctor's bill does not anything like repay him for the anxiety, time, and trouble bestowed, and no more fitting way of showing gratitude can be imagined than contributing to an institution which exists for the purpose of assisting medical men and their families when in need of help.

May I lay stress upon the fact that I do not wish to make any reflection upon the existing honorary officials? In fact, they could continue to render their invaluable help after the appointment of a paid official, thus leaving him more time to devote to organising. But I am convinced that such appeals as the one recently issued by the President of the fund would not have to be made and 23 applicants would not have to be refused help owing to lack of funds if an experienced secretary were appointed. Business methods would then place the financial condition of the fund on a sound basis, and there would be an increasing amount available for distribution year by year.

I am, Sirs, yours faithfully,

A LAYMAN.

* * It is well sometimes that we should have the opportunity of seeing ourselves "as others see us" and as an appeal has been made to the public for help we willingly extend to "A Layman" the hospitality of our columns. Too much praise, in our opinion, cannot be given to the honorary officials.—ED. L.

THE BOSTON MUNICIPAL BACTERIOLOGICAL LABORATORY.

(FROM OUR SPECIAL SANITARY COMMISSIONER.)

Boston, Mass., U.S.A., Oct. 4th.

SOME of the most original features of sanitary administration as established in the city of Boston are to be found at the bacteriological laboratory. There a public service has been organised which in minutiae of detail is well worth studying. While the first object is of course to prevent the spread of disease it must also greatly facilitate the work of the general practitioner and relieve him of a heavy responsibility. The laboratory, strange to say, is situated in a flat in one of the best residential districts of Boston. Doubtless efficient precautions are taken, but even if the pathogenic germs that are brought here every day are so well protected that no accident can happen with them, still the keeping of animals for experiments in a residential flat does not seem quite right. Some outbuilding near a medical school or hospital, and standing on its own grounds, is