present at home on furlough, has been asked to serve at the Royal Victoria Hospital owing to the emergency created by the war in South Africa. Colonel Lewtas joined at Netley on March 2nd and is posted to the medical division for duty.

The services of Sir Thomas Fitz-Gerald, F.R.C.S. Irel., senior surgeon to the Melbourne Hospital, have been accepted by the British Government for South Africa.

Correspondence.

"Audi alteram partem."

"BORIC ACID IN FOOD."

To the Editors of THE LANCET.

SIRS,—Dr. M. K. Robinson in his letter to THE LANCET of Jan. 13th, 1900, p. 131, quotes against me a reference, made by me to Dr. Annett's investigations, that "all that these experiments really prove is already known—viz., that animals finally succumb under the repetition of large doses." He says: "This admission utterly destroys the value of Dr. Liebreich's experiment for the purpose of argumentative disproof of the toxic effect of boric acid in the case I narrated." But what I said referred only to Dr. Annett's experiments on kittens, which were given extraordinarily large doses of boric acid during a long period of time, whereas in the cases cited by Dr. Robinson the fowls were only given one large dose. And this dose cannot have been large enough to produce any ill-effects, because in that case the blancmange would have been uneatable on account of its strong taste. It is thus inadmissible to quote my reference to Dr. Annett's experiments as applicable to those of Dr. Robinson. Dr. Robinson further seeks to defend his contention that the case was one of boric acid poisoning by pointing out that the fowls died which ate the most blancmange and that those which took least recovered; and, further, says that the symptoms were very typical of poisoning by large doses of boric acid and that large quantities of boric acid were found, on the one hand, in the milk from which the blancmange was made and, on the other hand, in the crop and stomach of the dead fowls.

It cannot be regarded as in any way typical of boric acid poisoning that the fowls died which ate most of a poisonous blancmange while those which took least recovered. As regards the symptoms exhibited by his patients, which Dr. Robinson regards as characteristic of acute poisoning by boric acid, we have no knowledge of any typical symptoms of such poisoning. Nor can we form a judgment merely from symptoms, for many poisonous substances produce the same symptoms, including *suppressio urinæ*. It is natural enough that boric acid should be found in the crop and stomach of fowls which have eaten large quantities of a substance containing boric acid, and does not prove that the boric acid was the cause of their death. Such a conclusion would only be justified if the poisonous properties of boric acid in the quantities under consideration had been proved by experience of its effects upon human beings and experiments on animals. But as regards our experience of the effects upon human beings there exists no evidence for its poisonous nature. On the contrary, it has been proved, as already stated by me, "that excessive doses administered by the mouth cause only passing harm in man." Dr. Robinson would have acted more correctly if he had quoted this sentence instead of the one he did. Further, it would have been well if he had made careful experiments on animals. His experiments on the fowls only prove the poisonous nature of the blancmange and have no bearing on the question of the poisonous nature of boric acid. My own experiments on fowls conclusively show that boric acid does not poison them even when administered in doses as large as could possibly have been contained in the blancmange. The only conclusion warranted by them is that, in the case cited by Dr. Robinson, the poisonous effects were not produced by the boric acid, but by some other substance which must have been contained in the blancmange. Dr. Robinson has himself taken this hypothesis into consideration, but believes himself justified in rejecting it because a chemical analysis did not prove the presence of *tyrotoxin*. But it is a principle universally accepted in toxicology that the negative result of a chemical analysis

is not always conclusive of the absence of a poisonous substance, and this is especially true for the easily decomposable substances ptomaine and toxalbumin. Dr. Robinson also rejects the hypothesis of vanilla poisoning. Many toxicologists are now inclined to regard cases of vanilla poisoning as really due to tyrotoxin. But there are no conclusive proofs for this theory. Dr. Robinson says that he is unaware of any poisonous effects which have been traced to vanilla in a pure state. But what grounds has he for assuming that the vanilla employed by the cook in preparing the blancmange was "in a pure state"?

I do not for a moment attribute to Dr. Robinson any desire for sensational publicity; at the same time it cannot but create a sensation when poisonous properties are suddenly ascribed to a non-poisonous substance.

I am, Sirs, yours faithfully,

Berlin, March 5th, 1900.

OSCAR LIEBREICH.

THE LUNACY ACT, 1900.

To the Editors of THE LANCET.

SIRS,—All interested in the public asylum service will much appreciate the sympathetic tone of the leading article in THE LANCET of March 3rd (p. 631) having reference to this year's Lunacy Bill. The omission from that Bill of any pension clause is to be deprecated not merely from the point of view of the asylum official but also from that of the public. In the interest of the amelioration and recovery of the insane the importance of securing and retaining the best class of officers, attendants, and nurses for public asylums is obvious, and to do this the prospect of an assured and sufficient retiring allowance for those who have spent their best days in this arduous and trying service is essential. The improvement of the status of attendants and nurses in asylums by encouraging them to avail themselves of opportunities of training and by enlisting a share of public interest on their behalf, together with the formation of a fund for mutual benevolent aid, was the main object of the formation in 1896 of the Association of Asylum Workers, which now comprises over 3000 members and is presided over by Sir James Crichton Browne. The preparation and presentation in 1898 of a petition to the Lord Chancellor on the subject of pensions was the work of this body and not of the Medico-Psychological Association of Great Britain and Ireland (as stated in the article above mentioned). The latter is the representative organisation of asylum medical officers throughout the country and of medical men interested in psychological medicine, whilst the Association of Asylum Workers is largely (but not exclusively) composed of the "rank and file" in asylum service. Both associations are, however, interested in the question of satisfactory superannuation and have worked from their respective standpoints in similar directions in trying to secure this object, so important on public as well as on private grounds.

I am, Sirs, yours faithfully,

G. E. SHUTTLEWORTH,

Honorary Secretary, Association of Asylum Workers.

Richmond, Surrey, March 6th, 1900.

"THE ANATOMY AND PATHOLOGY OF THE RARER FORMS OF HERNIA."

To the Editors of THE LANCET.

SIRS,—In connexion with the valuable lectures by Mr. Moynihan published in THE LANCET of Feb. 24th and March 3rd I may, perhaps with advantage, briefly record a case of reduction in mass of the third variety mentioned by him in the first lecture (Fig. 7 C., p. 518).

A woman, aged 65 years, was admitted into the Hampstead Workhouse infirmary on May 19th, 1899, suffering from abdominal pains and vomiting. This condition had been going on for four days and had been labeled gastritis, but when she was admitted the vomit was faecal and there was a small irreducible swelling over the right femoral canal. After considerable difficulty she was persuaded to undergo an operation. Under A.C.E., taxis proving useless, the sac was opened and a knuckle of small intestine and some omentum were found strangulated but in a recoverable condition. I think by the slight diminution in size of the tumour during taxis that some fluid had been driven into the abdomen; there was practically none