stassfurtite."—Ure's Dictionary of Arts, &c., p. 427, seventh edition, 1876.

It is also elsewhere referred to as

"Magnesium borate ($MgBO_2$). Exists native as boracite; usually contains also calcium borate. Has been prepared artificially by Heintz."—Thorpe's Dictionary of Applied Chemistry, third edition, 1894.

From these descriptions it will be seen that it is a salt presenting some very remarkable properties. My attention was first called to it by a paper by Dr. Koehler¹ of Kosten who advocated its employment in cases of uric acid calculi and gravel. I have reason to believe that it has properties which are favourable to the induction of the spontaneous fracture of calculi. Some evidence of this is offered in my recent address at the Egyptian Medical Congress.² I have, however, chiefly used it as a steriliser of the urine, as a substitute for boric acid, for the reason already assigned. Patients will take it in sufficient doses for considerable periods without complaining of dyspeptic symptoms and under its action the urine, as in chronic cystitis or pyelitis, will often assume normal properties. There is a reference to its preparation and dose in the last edition (tenth) of Martindale's "Extra-Pharmacopœia" under the designation of "compound powder of boro-citrate of magnesia" (p. 7). In this form it is made up with some sugar. I prefer it to boric acid for washing out the bladder. For the latter purpose I use the boracite without the sugar in the proportion of a teaspoonful or more in a pint of warm water. It is more soluble than boric acid and in some cases of chronic cystitis with alkaline urine the nature of its acidulation renders it more efficacious. In fact, as stated I have for some years past not placed much reliance on boric acid for serious bladder work. Previously boiled water is equally efficacious. I shall be glad to be permitted to make use of this opportunity for offering a few remarks in favour of the substitution of boracite for boric acid and your comments in reference to the latter seemed opportune.

I am, Sirs, yours faithfully,

REGINALD HARRISON.

Lower Berkeley-street, W., March 14th, 1903.

ASEPTIC AND ANTISEPTIC SURGERY.

To the Editors of THE LANCET.

SIRS,—In the interesting address by Mr. W. Watson Cheyne on the above subject, published in THE LANCET of Feb. 7th, p. 347, it is contended that one trained solely in aseptic methods is less able to adapt himself to his surroundings, once he has to practise surgery far from the polished walls of a modern operating theatre. For 15 months I have been engaged in operative work in the Soudan and certainly have not found this to be the case. After all there are many lessons learnt in an aseptic school that may still be followed out. A small portable steriliser is capable of boiling instruments and steaming sufficient absorbent wool swabs and gauze for the most exacting operation. I still, too, wear cotton gloves sterilised along with the gauze. The instrument tray is disinfected by running in a little spirit, which is set on fire and allowed to burn out. In treating tuberculous abscesses I have a tin reservoir wrapped in a towel and boiled in the kitchen. This is brought in immediately before the operation. In abdominal cases sterilised water for wringing out gauze pads and protecting the bowel is brought in in two saucepans. One of these, covered by a towel to prevent the ingress of dust, contains cooled water that had previously been boiled, the other is brought in hot from the kitchen. By this means I am able to mix a sufficient quantity of water in an ordinary pudding basin for use at any time during the course of the operation. I will not occupy more space with further details of technique, but this should suffice to show that one need not necessarily give up all aseptic methods because the walls are of mud and, may be, the floor too. Though there be no tessellated floors or foot-taps to look after there is still some scope for following up the same idea in paying attention to the enamel of all the vessels employed and such like matters. Carbolic towels, of course, must needs be used, but this does not mean that any less care is given to having them carefully washed and boiled after each operation. I certainly think that in a

country where dust storms are not uncommon and flies (in summer) swarm in thousands, the use of these and carbolic lotion for the instrument tray probably has its advantage. I do not agree, however, that one trained in an aseptic school is more likely to blunder with chemical methods if forced to have recourse to them. He is taught that in disinfecting the operator's hands, the final use of an antiseptic lotion (when employed) is not intended to kill by a magical and momentary touch all the microbes thereon, but merely to remove mechanically the last traces left from the previous thorough use of soap and water. To be of germicidal value the hands must needs be immersed so long that the skin will be well-nigh turned into leather. Such teaching (right or wrong) imbues one with the importance of thoroughness when employing antiseptics. For instance, my towels are not merely dipped in carbolic lotion but stand immersed for at least an hour before the operation. No doubt the results of careful surgeons by either method are equally good, but the careless man indifferently trained in an antiseptic school has a tendency to think that salvation lies in a perfunctory dip of himself or anything in an antiseptic lotion. Such a man (and I have met him) must surely be responsible for considerable damage.

My own results (as one who with an aseptic training at St. Thomas's Hospital has since had to make shift with mixed methods) perhaps may be of interest. For the purpose of comparison I have taken the radical cure of inguinal hernia. I find that since coming to the Sudan I have operated on exactly 20 cases, all of which have healed by first intention. I have employed Bassini's method, using silkworm gut for the deepest stitches and fine silk for the aponeurosis of the external oblique. The sac has always been tied with silk. In only one instance has there been any trouble with the ligatures. In that case two months after the operation two small bullæ formed in the line of the incision and after producing two silk stitches gave no further trouble. Though I have always used only sterilised gauze with clean but (not sterilised) absorbent wool as a dressing, I am of opinion that in circumstances such as we have in this country dressings permeated with antiseptics should have the advantage. In a well-ordered hospital at home, where the discovery that a dressing has been wetted with urine or has "come through" is promptly made and attended to, the matter is of little moment. But where such is not the case an antiseptic in the wool ought to minimise the danger should there be any delay in changing the dressing.

I am, Sirs, yours faithfully,

A. WEBB JONES, F.R.C.S. Eng.

Wadi Halfa, Sudan, March 14th, 1903.

MIDWIVES FOR THE RURAL POOR.

To the Editors of THE LANCET.

SIRS,—As a result of the conference on March 3rd, which you so kindly reported, an association has been formed to train and to supply midwives for rural districts, either to add to nursing associations already formed or to help very poor parishes unable to support a nurse or midwife without assistance. It is earnestly hoped that many who read this will gladly help in starting this good work, for there must be necessary expense at first in organising, training suitable women, and assisting needy districts. At the same time, every effort will be made to teach the people to help themselves by small subscriptions and payments, as has been found to answer so well in Miss Broadwood's system.

The association will be on a broad basis, including various schemes suitable to different districts, but the advice and help of the local medical man will be sought in every instance and his fee paid when called in. The midwives chosen are to be homely women willing to help the poor mother as much as they consistently can in the cottage. I shall gladly hear from any willing to help or to coöperate in the work of the association.—I am, Sirs, yours faithfully,

JOSEPHINE JOHNSTONE

(For the Committee of the Association).

Bignor Park, Pulborough, Sussex, March 14th, 1903.

COTTAGE HOMES FOR PAUPER CHILDREN.

To the Editors of THE LANCET.

SIRS,—In an annotation in THE LANCET of Feb. 28th, p. 600, you remark that the Hackney and Plymouth boards of guardians have adopted similar methods for

¹ Berliner Klinische Wochenschrift, Nov. 3rd, 1879.

² Brit. Med. Jour., Jan. 17th, 1903.

the disposal of their pauper children and you proceed to point out in a sympathetic spirit the advantages of the scattered homes system. With deep regret I have to point out that while the Plymouth board has adopted this system the Hackney board has not. It is true that it has not chosen the worst form of aggregation—the barrack room—but it has chosen the pauper village, with its enormous expense and its serious drawbacks. In spite of the proved success of the method of segregation (or scattered homes) as practised by the boards of guardians of Camberwell and Mile End in London and in Bath, Bristol, and many other places in the country, they have adopted aggregation. The children will still live as a class apart, seeing nobody but officials year after year, leading monotonous lives, making no outside friends—a good deal happier than they would be in an ordinary school, but much less happy than they would be in a scattered home where the children lead the life of ordinary children. The idea is so simple, so easy, that it is amazing that any board of guardians which has the chance to change its system should fail to see it. It has its eyes in the air and does not see what is at its feet. These children have lost their own home or never had one worthy of the name, and the thing required is to find them something as like “home” and as unlike an institution as possible. Children in normal conditions do not require recreation halls, gymnasias, swimming-baths, and all the other costly apparatus of properly equipped institutions, because they are leading a natural life, the life which nature all over the world, among animals as among men, ordains. What they want, and need, is something quite cheap and simple—love—and Poor-law children are just like other children. Their little souls need what institutions cannot give, even though they have “teak staircases” and a “southern aspect.”

There are thousands of good women in England who would find a satisfaction to their highest nature—an outlet to latent motherliness—in being the “mother” in a “scattered home.” But they would not care to be officers in an institution. A moment's reflection will show the enormous difference between the two positions and some of the consequences of that difference.

I am, Sirs, yours faithfully,

HUGH E. HOARE,

Vice-Chairman, State Children's Association.

Old Broad-street, E.C., March 10th, 1903.

THE LARGE INTESTINE AS AN INTERMITTENT SYPHON.

To the Editors of THE LANCET.

SIRS,—I am glad to have even the partial support of so distinguished an authority as Dr. William Ewart. I notice, however, that he quotes from the previous correspondence and not from the original pamphlet. I sent him a copy but no doubt it was submerged in the daily flood of American circulars. He is therefore, I presume, unaware that I proved by experiment that the presence of gas does not affect syphonage provided the combined length of the air-spaces does not exceed the difference between the ascending and descending limbs of a syphon. If, for example, the descending limb is the longer by four inches syphonage will go on with an air space which is under, but not with one which is over, four inches. It is therefore not essential to syphonage that “the transverse colon and its flexures should be filled with an exclusively fluid column.” I must confess I was unaware of Dr. Ewart's paper upon the postural treatment of typhoid fever. His method of emptying the overloaded cæcum by gravitation is one to be borne in mind, but it is probably only available when there is intestinal paresis. Syphonage is, of course, impossible with the trunk horizontal.

I was much gratified to see Dr. H. B. Donkin's letter and all the more so that having retired from the profession at a comparatively early age he is able to speak judicially. But he is not quite correct in representing that I deny the existence of peristalsis in the large intestine in man. I think it is very feeble and with the trunk erect quite ineffectual in the ascending colon, but it may be of service in the horizontal position. As I pointed out, the hydraulic construction of the ileo-cæco-colon has an important bearing upon the propulsion of the contents of the large intestine and renders peristalsis less necessary than in the small bowel.

I am, Sirs, yours faithfully,

March 16th, 1903.

R. W. LEFTWICH, M.D. Aberd.

THE FOURTEENTH INTERNATIONAL CONGRESS OF MEDICINE, MADRID.

To the Editors of THE LANCET.

SIRS,—I recently wrote to the Royal Mail Steam Packet Company to ask if it was their intention to offer a reduction in the fares to Lisbon for members of the forthcoming International Medical Congress to be held at Madrid next month. I have received the following reply in which they offer an abatement of 25 per cent. from the first-class single or return fares to Lisbon. To many medical men who wish to avoid the long, tedious, overland journey to Madrid this concession should be heartily welcome, as, of course, in this reduction is also included the price of the food during the sea journey to Lisbon.

I am, Sirs, yours faithfully,

W. WOODLEY STOCKER.

March 17th, 1903.

[COPY.]

SIR,—With reference to your letter of the 4th instant I am to state that the company will be happy to allow members of the International Medical Congress 25 per cent. abatement from the first-class single or return fare Southampton to Lisbon. It is understood that you will take means to let the members of the Congress know and arrange so that we may know to whom to allow the abatement.

Yours, &c.,

(Signed) C. E. DAVIES,

pro Secretary.

Royal Mail Steam Packet Company.

W. Woodley Stocker, Esq., 287, Willesden-lane, N.W.

CANCER “CURES.”

To the Editors of THE LANCET.

SIRS,—I beg to acknowledge your favour and have the right to hope that you will, in future, follow my example and at least acknowledge letters addressed to you. My only answer to your editorial is that it contains many mis-statements, that it is treading close to libel, and that you have not all the evidence *pro* or *con* the high frequency treatment; that its efficacy is not solely in the direction of the “temporary reduction of the size of a tumour,” and that many cases of cancer have died of a recurrence of their disease even when healed by the valuable knife, and that shortly. You have perhaps forgotten that I forwarded notes of a case of scirrhus uteri some months ago of which I had no acknowledgment even in your columns.

I am, Sirs, yours faithfully,

E. CLOETE SMITH.

Westbourne-street, W., March 13th, 1903.

ON THE PROBLEM OF GLYCOSURIA AND DIABETES: A SUGGESTION.

To the Editors of THE LANCET.

SIRS,—The very interesting address published in THE LANCET of March 14th, p. 714, with which Dr. W. Hale White opened the debate on Glycosuria and Diabetes at the Chelsea Clinical Society, makes it only increasingly manifest that in the “composite,” as distinguished from the “alimentary,” form of diabetes, the distinguishing features of which were so ably and fully described by Dr. Pavy in his lectures published in THE LANCET, June 16th (p. 1706), 23rd (p. 1787), and 30th (p. 1863), the disease is still to be classed, unfortunately, as incurable, treatment, even when most rigidly carried out by the absolute exclusion of all carbohydrates from the diet and by the administration of codeia in properly regulated doses, failing to effect any reduction in the amount of sugar excreted.

It would be a happy issue to the debate if it led to a more searching and careful investigation into the cause of the disease. According to Dr. Hale White there appear to be good grounds for frequently associating disease of the pancreas with diabetes, for it is remarkable that so many as 25 per cent. of the fatal cases of diabetes occurring at Guy's Hospital during 14 years should have shown *naked-eye* disease of the pancreas at the necropsies. Such being the case, and from the analogy of the efficacy, for instance, of the thyroid gland in the treatment of cretinism—a disease at one time regarded as incurable—is it unreasonable to suppose that the pancreas of the calf or some other animal, removed fresh, under strict supervision and aseptic methods, and prepared in a manner similar to that in which the thyroid gland is prepared for tabloids, might possibly prove useful in the treatment of diabetes? Dr. Hale White