committee was appointed to consider the matter and report upon it. On the motion of Dr. Acland, seconded by Dr. Apjohn, it was resolved, "That copies be obtained of the Report of the Committee of the House of Commons on the Adulteration of Food, and that a committee be appointed to consider the bearings of the report on the qualifications in State medicine or in public health instituted by any of the bodies in Schedule (A) of the Medical Act."

The Council then adjourned.

A more detailed report of these proceedings will be given next week.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

DR. LUSH, M.P., who has presented numerous petitions from Poor-law medical officers praying that no additional unpaid labour should be imposed on them, either by the order of the Local Government Board or by boards of guardians, will, before the close of the session, move for the circular letter forwarded by the Local Government Board on the 23rd of March, 1874 (signed "J. Lambert"), and call the attention of the House to the injustice perpetrated by the department. Dr. Brady, to whom the service is indebted for successfully carrying the Poor-law Medical Officers' Superannuation Act, had contemplated introducing a Bill rendering it compulsory on boards of guardians, under certain restrictions, to grant superannuations; but, in consequence of the great arrears of public business and other causes, he considered it would be injudicious to press a measure, and has therefore decided to adjourn the subject until next year, when he hopes to be enabled, with better prospects of success, to deal with this question. On this account he has not presented any of the numerous petitions which have been forwarded to him, as he is holding them in reserve for next session.

THE COLLEGE OF SURGEONS.

THE annual meeting of the Council of the College of Surgeons was held on Thursday, the 9th inst., when the newly-elected councillors took their seats. The annual election of officers took place, when Mr. Le Gros Clark was elected President, and Sir James Paget, Bart., and Mr. Prescott Hewett Vice-Presidents for the ensuing year. Mr. Henry Lee was elected Professor of Surgery and Pathology, Mr. W. K. Parker Professor of Comparative Anatomy and Physiology, and Mr. Erasmus Wilson was re-elected Professor of Dermatology.

Correspondence.

"Audi alteram partem."

THE SEPARATION OF ACIDS FROM THE ALKALINE BLOOD.

To the Editor of THE LANCET.

SIR,—In writing to you on the above subject I do not wish to depreciate the value of the experiments made by Dr. Ralfe, and noticed by you in last week's LANCET, but simply to point out that there are other reasons alleged by various experimenters which are at least as satisfactory as those you have noticed.

The conditions of electrolysis under which the experiments of Dr. Ralfe were performed are absolutely impossible within the body, for if the glass tube be considered as the artery, then it has a property of non-conduction not possessed by the artery, besides an internal diaphragm and an actual electrical current; and if, as I take it, the diaphragm represents the walls of the artery, then we must have a condition which cannot exist—viz., within the artery we must have sodic bicarbonate, and external to it—i.e., in already secreted urine—we must have disodic-hydric-phosphate, or neutral salt, which is changed to the acid salt after secretion.

This again demands that we admit the acid phosphate to be the cause of acidity in urine, which is by no means certain, for some hold free carbonic acid to be the cause, others uric and hippuric acids, and Dr. Thudichum, in his researches for the Medical Department of the Privy Council, believes it to be due to a new body, which he terms kryptophanic acid.

It seems to me also improbable that two forms of carbonate of soda should exist together in the blood so constantly.

With regard to the modification of the first experiment, in which sodium chloride is substituted for the neutral phosphate of soda, I would direct attention to the theory of Thudichum, which well deserves consideration—viz., that water and sodium chloride react on one another to produce hydrochloric acid and sodium hydrate, the former to be utilised for gastric digestion, the latter to protect the coats of the stomach from corrosion, an effect produced after death, when the blood is no longer circulating, and to be carried away to the liver to act as the base of the bile acids. Neither of these theories, however, accounts fully for the facts, because in gastric digestion lactic and acetic acids are always to be found as well as hydrochloric acid.

I am, Sir, yours truly,

Physiological Laboratory, St. George's Hospital, S. W. MOORE.
July 4th, 1874.

SUBCUTANEOUS SECTION OF THE NECK OF THE FEMUR.

To the Editor of THE LANCET.

SIR,—The following case shows that section of the thigh-bone is suitable to a second set of patients.

A. B.—, aged eight years, the subject of dislocation of the left femur on to the dorsum ilii. There is a history of hip-joint disease beginning four years ago, and of great deformity during the last two years. The thigh is flexed at a right angle; there are two inches of real shortening, but true ankylosis does not exist. On July 1st I divided the neck of the bone by subcutaneous section, after the manner suggested by Mr. W. Adams. The operation occupied about three minutes, and a dessert-spoonful of blood was lost.

The temperature rose one degree on the following day, and then dropped to normal, where it has remained. There is no tenderness about the hips, and no discharge.

Mr. Mitcheson, H.S., writes (July 7th):—"The little girl in Blizard ward, the neck of whose femur you divided last Wednesday, has done famously; I caught sight of her this morning kicking her legs about with the greatest ease." This case shows that the operation may safely be adopted even though true ankylosis does not exist, as was the condition in patients hitherto operated upon.

I am, Sir, your obedient servant,

C. F. MAUNDER,
Surgeon to the London Hospital.
Queen Anne-street, Cavendish-square,
July 8th, 1874.

DELIVERY IN CASES OF CONTRACTED PELVIS.

To the Editor of THE LANCET.

SIR,—In reading Dr. Poole's case of contracted brim, one cannot but sympathise with him in the case. They are bad cases, and oftentimes end unfortunately. Would not the Cæsarean section have offered as good a result? One lately occurred in Birmingham under, I think, Dr. Foster, which was related in THE LANCET. I fancy, at full term, when the antero-posterior diameter is so narrow, that, however skilfully instruments may be used, contusion and sloughing must result; there is an absence of room, or, rather, it is filled by want of development of the hard parts, consequently delivery *per vias naturales* is generally most difficult; though section through the abdominal parietes is scarcely so formidable, and if the patient gets through the immediate effects of the operation her chances of recovery are certainly as good, if not better. At any rate, ovariotomy holds out a beacon from which we may glean the fact that opening the abdominal cavity is not so fatal as it has been imagined. One word as to the head in utero. When time and oppor-