is to emphasise this subject and to correct any erroneous ideas that may arise through the letters written.

I am, Sir, yours faithfully,

Bodicote, Oxon., March 18th, 1911. F. B. JUDGE BALDWIN.

MUSCULAR SPASM IN CARIES OF THE SPINE.

To the Editor of THE LANCET.

SIR,—Mr. Gauvain has mistaken me for somebody else. I can lay no claim to be a well-known authority on spinal curvatures, though it is a subject in which I am specially interested. I wrote the letter, at which he expresses some surprise, to point out what apparently he had temporarily forgotten—viz., that there are no anterior muscles in the dorsal region of the spine, and that, therefore, in the dorsal region the angular deformity of Pott's disease could not be produced by spasm of them. And what is his reply? "Mr. Roth has not appreciated the fact that an anterior spinal muscle is by no means synonymous with a muscle anterior to the spine." This is somewhat confusing to me. Later in his letter he again refers to "the anterior spinal muscles—i.e., the anterior of the muscles investing the spine." It is very difficult for me to understand which muscles he can mean, for in his original article you will see this statement: "The posterior muscles, because obliged to pull round the angle of the knuckle, work at a distinct disadvantage, and the balance between the extensors and *flexors*, which is nature's protection against deformity, is lost. The anterior muscles improperly antagonised draw the body forward." I beg to ask Mr. Gauvain whether by *flexors* I am to understand the anterior fibres of the erector spinæ? And if so, then for how long, and by whose authority, have these fibres been regarded as flexors of the spine? I submit that spasm of the erector spinæ in Pott's disease, rather than producing deformity, tends to prevent it.

I am, Sir, yours faithfully,

London, March 25th, 1911. PAUL B. ROTH.

MR. PAGET'S DISCLAIMER—AN EXPLANATION.

To the Editor of THE LANCET.

SIR,—With reference to Mr. Paget's reference to me in your issue of March 25th, will you permit me to point out that I never accused Mr. Paget of having objected to operations for appendicitis. It never would have occurred to me to accuse him of anything of the sort.

The simple facts are these. I had occasion to refer to Mr. Paget's remarks on Christian Science, owing to his name being dragged into the *Saturday Review* by an anonymous writer. In speaking of him I spoke of him by what I understood is his correct title—Mr. Paget—all through the letter. Later on I had occasion to refer to certain remarks by Dr. Page on appendicitis, and the typesetter, evidently becoming mixed between Mr. Paget and Dr. Page, produced the latter's name as Dr. Paget. There is the alpha and omega of the whole matter.

I am, Sir, yours faithfully,

FREDERICK DIXON.

Surrey-street, Strand, W.C., March 28th, 1911.

DERMATITIS FROM TEAK.

To the Editor of THE LANCET.

SIR,—I was consulted by a joiner who was suffering from an acute dermatitis of the face and both forearms of a few days' duration. He stated that in the course of his employment he had been working with teak wood and he was convinced that some acid in the wood was the cause of the heat, swelling, and irritation of the skin, as he had on previous occasions suffered in a similar manner and always when working on teak wood. The distribution of the disease would seem to bear this out, as it was limited to the exposed parts, the joiner always working with the shirt rolled to the elbow. He also stated that several other joiners suffered in the same way, and that the disease was prevalent amongst joiners and cabinet-makers in ship-building yards where teak is largely used.

As this is the first case due to this cause I have met with I shall be pleased to hear from others if teak wood does

commonly produce dermatitis, and, if so, to what constituents in the wood such a disease is due. Should it prove to be common it has an important medico-legal bearing from the point of view of compensation.

I am, Sir, yours faithfully,

March 24th, 1911.

M.D., D.P.H. Camb.

* * We refer to this letter in another column.—ED. L.

TO MEDICAL FREEMASONS.

To the Editor of THE LANCET.

SIR,—May I once again, through the medium of your widely-read columns, appeal to medical men, and medical Freemasons in particular, for votes for the Masonic charities. At the forthcoming elections there are four medical candidates. Votes for any of the Masonic institutions are equally acceptable, as exchanges can be effected, and will be gratefully received and acknowledged by me.

I am, Sir, yours faithfully,

WILLIAM WILSON,

Secretary, St. Luke's Medical Lodge of Instruction.

184, Goldhawk-road, W., March 28th, 1911.

SOURCES OF INFECTION IN REGARD TO TUBERCULOSIS.

To the Editor of THE LANCET.

SIR,—I am seeking information upon a very important point in the matter of sources of infection in regard to tuberculosis, and with your permission would ask through your columns such information upon two points, viz.: (1) Is there any available record of cream, or even "fresh" butter, having been proved less liable to convey pathogenic germs than milk? Consumptive patients and delicate persons are continually having cream prescribed as a dietary, and it does seem to me that the "rising," or even the "separation," of cream may *concentrate*, so to say, the very danger it is sought to fight. May the fat globules not carry the bacilli *in greater part* with them—that is to say, leaving the "skim milk" comparatively, or it may be altogether, free? Tuberculous milk we know is dangerous. What of the cream or the butter produced from such milk? (2) Is there any record of the vitality duration of such bacilli in cream or in butter?

Information upon these points will be appreciated by all who, like myself, seek light on this matter. In the national crusade against the common scourge every corner must be examined by the scout.

I am, Sir, yours faithfully,

London, March 13th, 1911.

OVERSEAS.

* * We quote an authority on this subject—viz., Professor John Percival in his book "Agricultural Bacteriology." He says that the bacterial content of fresh cream obtained by means of the separator is usually low, especially if the milk has been recently drawn from the cow under clean conditions. "It is generally lower than that of the milk from which it is derived, since many of the bacteria in the milk are driven to the sides of the separator bowl and are collected in the protein 'slime' along with any other solid particles which may happen to be present." "In fresh cream raised in deep or shallow pans in 12 to 18 hours by gravitation bacteria are found in considerable numbers." It would therefore seem that cream separated rapidly by mechanical means is bacteriologically satisfactory, relatively speaking, but cream allowed to rise slowly through the bulk of the milk may carry with it the bacteriological impurities of the milk.—ED. L.

CONTRIBUTIONS TO VOLUNTARY HOSPITALS BY PATIENTS.

To the Editor of THE LANCET.

SIR,—The board of management of the Cardiff Infirmary has recently decided to try to increase the income for the working of the institution by means of a charge upon each patient. In the case of in-patients the charge will be 6d. per week; and in the case of out-patients they will be charged