

to 153 ohms; the resistance of the urine (not coloured blue) segregated from the left diseased kidney amounted to 93.5 ohms, or more than double the average normal resistance. The resistance of the urine (coloured blue) segregated from the right healthy kidney was 62.9. The hæmo-renal salt index of the diseased kidney was $\frac{153}{93.5} = 1.6$. The hæmo-renal salt index of the healthy kidney was $\frac{153}{62.9} = 2.4$. No allowance has, however, been made for the different rates of secretion of the two kidneys; had this been taken into account there might have been a much greater difference. The result, however, shows that the hæmo-renal index of the diseased kidney was below the normal—viz., 1.6 instead of 2—while the index of the healthy kidney was quite up to or even above the normal—namely, 2.4 instead of 2, because it was taking on some of the work of its fellow. No doubt more accurate information as to the salt concentration of the blood could be obtained by separating the serum, but this would be difficult when dealing with the very small quantity of blood and of urine—viz., five cubic millimetres—which is all I require to draw from a patient in order to measure the ratio I have termed the hæmo-renal salt index.

I am, Sirs, yours faithfully,
Edinburgh, Sept. 22nd, 1906. DAWSON F. D. TURNER.

THE PRESENT METHODS OF UTERINE DILATATION.

To the Editors of THE LANCET.

SIRS,—The ordinary student of our recent literature on this subject will at once discard the use of tents in favour of forcible methods. Let us see if this should be so. First, tents are not packed with even ordinary antiseptic precautions, and before use may have been handled by salesmen and would-be purchasers many times. In our text-books their dangers are referred to but no methods suggested of avoiding them. The method I use is to keep the tents in an absolute alcoholic solution of biniodide of mercury (1 in 200). This does not cause them to swell and renders them as safe to leave in the cervical canal as iodoform gauze. In the case of the tent being liable to leave fragments behind, as in sponge tents, the tent should first be wrapped or encased in iodoform gauze by which means none can be left and the gauze being loose laterally allows the tent to fully expand. Should there be a possibly difficult removal owing to constriction at the inner os several fine laminaria tents are preferable to one large one. It will then be found much easier to remove them, especially if they are left in 24 hours or more. Instead of using expensive tent introducers the vaginal forceps used by every surgeon will be found most serviceable, for after half an inch or more of the tent has been introduced into the cervix the tent can be released and thrust on by pressure at the end. By this means it will find its own way in a tortuous canal much better than when held rigidly in an ordinary introducer. As a rule tents can be introduced without chloroform or other anæsthetic and the saving of time at the subsequent operation is invaluable. Having watched prominent surgeons trying forcibly to dilate in a short time a rigid os, using vulsella to keep down the os whilst Hegars were thrust into it often causing the vulsella to tear their way out, perhaps with a bit of cervix still adherent, I have felt very much in favour of the old tents but used in accordance with up-to-date antiseptics. The vagina can be tightly packed with iodoform gauze after introduction should there be danger of the tents slipping out, but if not I prefer not to pack the vagina at all. I have just removed by the cervix an intrauterine fibroid polypus some three inches in diameter (in pieces), dilatation being procured by tents and gauze previously to operation and the os is now intact and the patient in good health. I could not have had this result by any other method I have seen and the patient was quite run down previously by continuous hæmorrhage, rendering an abdominal operation not desirable to the patient or operator. The best antiseptic solution for keeping instruments in both previously to, and during, operation that I have found is common washing soda and boiled water. The instruments can remain in it indefinitely without injury and are ready for instant use. This does not apply to aluminium, which is injured by soda. I consider that every army corps should have its surgical instruments kept permanently in metal

cases full of soda solution. No boiling previously to operation would be necessary.

I am, Sirs, yours faithfully,
THOMAS HODGSON, M.B., Ch.B.
Fitzroy, Victoria, July 21st, 1905.

TYPHOID FEVER AND CANCER.

To the Editors of THE LANCET.

SIRS,—Has there been any case of death from cancer within seven years of an attack of typhoid fever? Is not cancer so extremely rare among typhoid fever cases of recent date, too rare for the age incidence to be a sufficient reason, as to call for an inquiry into something which could possibly be a point of connexion between the two diseases? The discovery of any such point of connexion might throw some light on the cause of cancer. Our position as a profession will be indeed singular if we are compelled to admit that cancer abstains from attacking those who have recently suffered from typhoid fever and we are not able to give any reason for it.

I am, Sirs, yours faithfully,
WILLIAM ROPER, M.A. Oxon., L.R.C.P., L.R.C.S. Edin.
Bridport, Sept. 13th, 1906.

THE PSYCHOLOGY OF THE SELFISH MOTORIST.

To the Editors of THE LANCET.

SIRS,—Your annotation on the above subject in THE LANCET of Sept. 8th misses the true cause of the troubles you suggest as being possibly due to the advent of the automobile—I refer to the dust. Now the dust was on the roads long before the automobile and was stirred up by strong winds and horse traffic, and through the latter became excrement-bearing dust. The roads of England are in much the same condition as they were one hundred years ago and the repairs to the roads—viz., rolling mud into loose stones “to make it bind”—cause in dry weather the blinding dust which is raised by winds and all traffic. Let the new vehicle be taxed judiciously by all means and the proceeds of the tax applied to a modern and dustless method of road-making, then, with the disappearance of horse traffic and the general adoption of the automobile we shall hear no more of “fæcal dust” and dust-borne infections. It must be borne in mind that the automobile is a boon to the medical man both in town and country and has been generally adopted by the profession both in England and abroad, and I think that all our efforts should be directed to the improvement in road-making. The selfish automobilist is with us and always will be, and so is the selfish horse driver, and I always rejoice to see the former punished, but, I regret to say, the latter usually comes off scot free.

I am, Sirs, yours faithfully,
Plymouth, Sept. 18th, 1906. GEORGE F. ALDOUS.

GOATS' MILK FOR INFANTS.

To the Editors of THE LANCET.

SIRS,—With reference to your annotation on the above subject in THE LANCET of August 25th the following quotations from “Climate and Health in Hot Countries,” by Lieutenant-Colonel G. M. J. Giles, I.M.S., may be of interest:—

Goats are extremely hardy and, being naturally clean feeders, require far less attention than cows, while the flavour of their milk in tea is preferred by many to that of cows' milk. They stand marching well, too, and are therefore better suited for use in camp, and as their favourite food is the leaves of bushes they may be trusted to find their living to a great extent as they trot along on their way from camp to camp. Usually their milk agrees excellently with infants, but there can be little doubt that asses' milk is superior for this purpose. (P. 50.)

Goats' milk requires somewhat less dilution than that of the cow and may agree in cases where cows' milk fails. (P. 76.)

Asses' milk is probably the best substitute for an infant's natural food, and failing this goats' milk is to be preferred to that from the cow. (P. 152.)

Such strong expressions of opinion from an officer with almost unrivalled tropical experience should go far to settle the somewhat vexed question of the suitability or otherwise of goats' milk as a food for infants. Since writing my communication on the subject one officer informs me that his child was brought up entirely on goats' milk in the island of Jamaica, a second writer that goats' milk is largely used for