

that may accrue from proper use. What are the alternatives adduced in the other communications that have appeared under this heading? (1) the use of a milk powder, but this being rather outside the question need not be discussed; (2) that milk should be pasteurised and then kept cool—eminently desirable, no doubt, but quite impossible in any but well-to-do houses; and (3) the more general opinion that the milk-supply should be placed on a proper footing. There can be no doubt about the desirability of this last and the great benefit that will accrue, but so long as the wind blows and the dust of our city streets is carried about by it, I fear this trouble will continue and if dust enters milk, boiling only increases the suitability of that medium for the rapid extension of the contamination under favourable temperature conditions.

If it be necessary, then, to keep milk sweet during the hot months in the "home" there is really no method open to all and sundry at the present time but the *home* use of preservatives, and of these I would suggest formalin. No doubt this is a very poisonous substance, but so is strychnine, and yet that property does not debar the latter from being a very beneficial therapeutic agent in proper amounts even for prolonged treatment. Is it, after all, "a counsel of despair" to advocate an unprejudiced and scientific attitude towards the case for preservatives, for which is more terrible, the rather hypothetical "bogey" of that name or the stern reality of infantile diarrhoea?

I am, Sirs, yours faithfully,

Hammersmith, W., Oct. 14th, 1904.

CECIL REVIS.

THE CENTRAL MIDWIVES BOARD AND IRISH TRAINED MIDWIFERY NURSES.

To the Editors of THE LANCET.

SIRS,—As attention has lately been drawn to the proceedings of the Central Midwives Board in connexion with the status of Irish trained midwifery nurses, I take the opportunity through your columns to announce that the points at issue between this board and the governors of the Rotunda Hospital have been amicably arranged. The Central Midwives Board has formally intimated its intention to ask the Privy Council to modify the rules so as to permit our hospital to be placed on the register of institutions whose certificate will be accepted. The settlement arrived at has been in the form of a compromise satisfactory to everyone.—I am, Sirs, yours faithfully,

E. HASTINGS TWEEDY,

Oct. 12th, 1904.

Master, Rotunda Hospital.

A CASE OF SUICIDE.

To the Editors of THE LANCET.

SIRS,—A case of suicide which came under my notice recently may be of some interest from a medico-legal point of view. A man, aged 49 years, was brought into hospital in a very collapsed condition. I saw him directly on admission and was informed that he had attempted to commit suicide by cutting his throat and stabbing himself in the thorax. His wounds had been temporarily dressed by a medical man who was summoned to the house and who ordered his immediate removal to hospital. As there was still a considerable amount of bleeding from his neck wounds I removed the bandages and dressing and was immediately confronted with an alarming hæmorrhage. I secured the bleeding point which turned out to be the internal jugular vein. A few other unimportant bleeding points were also secured. This hæmorrhage had been from the right side of the neck. There was practically no hæmorrhage from the left side of the neck. The various remedies for collapse were resorted to but the patient died in about one hour after admission.

An examination after death showed injuries as follows: on the right side of the neck a jagged wound about five inches long, extending from behind the sterno-mastoid process to the lower border of the thyroid cartilage, dividing the external jugular vein, the sterno-mastoid muscles, and all the structures between it and the internal jugular vein which was also divided; the carotid artery was uninjured. On the left side of the neck was a wound four inches long dividing the external jugular vein and some superficial fibres of the sterno-mastoid. The trachea was uninjured. On examination of the thorax 11 punctures were found around the left nipple. By passing a probe seven of these

were found to communicate with the cavity of the thorax. There was a considerable amount of surgical emphysema extending over the greater part of the thorax and abdomen.

A pocket-knife with a two-inch pointed blade was the weapon with which the wounds were inflicted. The injuries were of such a nature that unless the evidence given at the coroner's inquest had undoubtedly pointed to suicide one would have been inclined to think it a particularly brutal case of murder. I was unfortunately not able to obtain a photograph of the injuries.

I am, Sirs, yours faithfully,

WILLIAM E. O'HARA,

House Surgeon, Victoria Central Hospital,
Liscard, Cheshire.

Oct. 17th, 1904.

KIRKES' PHYSIOLOGY.

To the Editors of THE LANCET.

SIRS,—I notice a slip in the review of my book you publish to-day. The reviewer states that the present edition is the third since Kirkes' Physiology has been in my hands. In reality it is the sixth since I assumed the editorship in 1896.

I am, Sirs, yours faithfully,

W. D. HALLIBURTON

King's College, London, Oct. 15th, 1904.

THE TREATMENT OF BLOOD POISONING BY PERCHLORIDE OF IRON.

To the Editors of THE LANCET.

SIRS,—Sir Isambard Owen's interesting case of streptococcic infection in THE LANCET of Oct. 15th, p. 1079, is of great importance as being a further confirmation of the great value of perchloride of iron in septicæmia. In the case recorded antistreptococcic serums had been tried, Roux's polyvalent serum with distinct success, yet the patient could not be said to have been out of danger till the tinctura ferri perchloridi had been administered in 30 drop doses every six hours.

For years it has been my practice in every case of blood poisoning, septicæmic, sapræmic, or local, to administer tinctura ferri perchloridi in 15 or 30 drop doses every three or four hours, and I know nothing which gives better results. It is not only in puerperal cases that it is useful but in those many cases of local and general septic infection which one meets with in consulting gynæcological practice, especially in hospital. No other preparation of iron acts in this way, the temperature immediately rising and rigors recurring if another salt of iron is substituted. Perchloride of iron, given in water, can practically always be borne; it cleans the tongue and does not upset the stomach if the bowels are kept slightly active with sulphate of magnesium. If puerperal cases were at once put on perchloride of iron instead of quinine or salicine, recovery would be more frequent and valuable time would not be lost whilst waiting for the antistreptococcic serum to arrive.

If it be true that there are 38 different strands of streptococci and that the most complex polyvalent serum now obtainable contains only six or seven of these we are still far from having at our disposal a trustworthy serum. The poor practical results of the use of serums in septicæmia make the value of perchloride of iron stand out all the more prominently, and it is for that reason that I draw special attention to Sir Isambard Owen's article.

I am, Sirs, yours faithfully,

AMAND ROUTH, M.D., F.R.C.P. Lond.

Manchester-square, W., Oct. 17th, 1904.

STATIC MACHINES AND X-RAY DERMATITIS.

To the Editors of THE LANCET.

SIRS,—I must thank Dr. A. J. Cleveland for setting me right concerning the occurrence of dermatitis as the result of the application of the x rays from a static machine. I should have said accidental or unintentional dermatitis, since it follows that if the rays produce a reaction at all, which they do, they must be capable of producing dermatitis if pushed far enough. I have used the x rays for therapeutic purposes since December, 1901, and have used both coils and static machines. I have had to deal with dermatitis occasionally, as have, I believe, most other men who use rays. In all the