

we remember that even up to 1813 the sick of the Coldstream Guards in London were treated individually in their lodgings or rooms and that only in that year was a regimental hospital opened for them we can see what 100 years has done in official hospital evolution. I foresee a very rapid development of the official hospital system in civil life and every contribution to its being more fully understood is to be welcomed. The Army Medical Service, which was the pioneer in producing the all-round medical man who combined the surgeon and the physician in one person and broke down the barriers of sectionalism, is also worth studying in its pioneer work of medical control of medical institutions.

I am, Sirs, yours faithfully,

GEORGE J. H. EVATT,

Junior United Service Club, London, Sept. 29th, 1906. Surgeon-General.

SPIROCHÆTÆ IN MICE.

To the Editors of THE LANCET.

SIRS,—My attention has been drawn to a short note on a spirochæta of the mouse by Breinl and Kinghorn of the Liverpool School of Tropical Medicine in THE LANCET of Sept. 8th. This spirochæta is undoubtedly one with which I have been working for some months, since I discovered it in a mouse infected with trypanosoma dimorphon at the Pasteur Institute in March last. I mentioned my discovery to a member of the Liverpool School of Tropical Medicine who was on a visit to the institute. About that time trypanosoma dimorphon was required for work at the Liverpool School of Tropical Medicine and application was made for it to the Pasteur Institute. As I was working there with trypanosoma dimorphon, and had the only strain at the institute, I was asked for an infected mouse. This mouse I afterwards learnt had been sent to Liverpool. It was infected with both trypanosoma dimorphon and the spirochæta, as was the case with all my mice. It was in this mouse that Breinl and Kinghorn found the spirochæta they describe, though they did not know the mouse had come from me. Speaking with Dr. Leiper, who was about to go to Liverpool in August, I asked him to mention the matter of my spirochæta at the Liverpool School of Tropical Medicine, in order to avoid mistake. Dr. Leiper now tells me that the matter was brought up by the member of the school I had met in Paris, and that he (Dr. Leiper) said that my paper was about to go, or had already gone, to press, and that I had determined the spirochæta a new species. As a matter of fact, my paper is appearing in the *Journal of Hygiene*. But for the fact that the subject had been mentioned twice to a member of the Liverpool School of Tropical Medicine I would have published a short note earlier than this, but I considered it unnecessary, concluding that if the spirochæta were discovered in my mouse in Liverpool the fact of my work being known by one of the workers there would have prevented the unfortunate mistake that has occurred. In my paper I have given the name spirochæta muris (*n. sp.*), while Breinl and Kinghorn have anticipated me with the name spirochæta Laverani (*n. sp.*). To me it seems strange that a new spirochæta should have been discovered at the Liverpool School of Tropical Medicine without the fact of my discovery being mentioned when it was known to one of the workers there. It is not usual for an observation of that nature to be made without at least those on the spot hearing of and discussing it.

I am, Sirs, yours faithfully,

Zoological Institute, Munich, Oct. 1st, 1906. C. M. WENYON.

PNEUMONIA IN ALCOHOLIC SUBJECTS.

To the Editors of THE LANCET.

SIRS,—In the *Daily Telegraph* of Sept. 27th the following report appears :—

CORONERS' POWERS.

Mr. John Troutbeck, sitting at Lambeth, inquired into the death of John Dawes, aged 42, a cab-driver, lately residing in Clayton-street, Kennington Oval. Horace Booley, deceased's landlord, said the man had been a teetotaler for four years but broke out a fortnight before his death. He took to his bed on Friday and witness called in a doctor, who said he was seriously ill and prescribed for him. Death took place on Sunday morning. Witness asked for a certificate but the doctor refused to give one, assigning no reason. He had been paid for attending the patient. The coroner said no doubt the jury were aware that when everything was straightforward it was the duty of a doctor to

certify a death and they must assume that the medical man in this case did not feel justified in giving one as he referred the case to the coroner. He, however, subsequently refused to give his officer any information whatever and there was no legal obligation on him to do so but he refused even to say what he had attended the man for. Thus he was standing strictly on his legal rights. In the present state of the law a coroner could not call upon a doctor to give him information, as he could not pay him for it, and it was a very undesirable position. This was one of the great reforms in the laws relating to death certification which was urgently needed—that a coroner should be able to ask for a report and pay for it. Dr. Freyberger said death was due to heart failure accelerated by alcoholic pneumonia. There would be no difficulty in diagnosing such a case.

In the expression of opinion that "there would be no difficulty in diagnosing" a case of "alcoholic pneumonia" Dr. Freyberger joins issue with no less an authority than Professor Osler, Regius Professor of medicine at Oxford, as the latter writes :—

Pneumonia in alcoholic subjects.—The onset is insidious, the symptoms masked, the fever slight, and the clinical picture usually that of the delirium tremens. The thermometer alone may indicate the presence of an acute disease. Often the local condition is overlooked as the patient makes no complaint of pain, and there may be very little shortness of breath, no cough, and no sputum. (The Principles and Practice of Medicine, by William Osler, M.D., F.R.S., F.R.C.P., sixth edition, p. 183.)

It would appear from the newspaper report that the medical man called in to see the case only saw the patient once. When seen the deceased may have appeared to be suffering from delirium tremens the result of the drinking bout referred to in the report and may have presented no symptoms pointing to pneumonia. The medical man may therefore have been surprised to hear of his death and was apparently quite justified in refusing a death certificate. Dr. Freyberger, if correctly reported, appears in making his statement to have overlooked the fact that it is one thing to make a diagnosis at the bedside and another to do so in the post-mortem room.

I am, Sirs, yours faithfully,

R. J. BLACKHAM, D.P.H. R.C.P.S. Lond.,
Captain, Royal Army Medical Corps.

Devonport, Sept. 29th, 1906.

* * We refer in another column to this case under the heading of "Medicine and the Law."—ED. L.

GOAT'S MILK FOR INFANTS.

To the Editors of THE LANCET.

SIRS,—My personal experience of the use of goat's milk as a food for infants is perhaps worthy of record. Some 12 years ago, having the opportunity of utilising a healthy young goat which had recently kidded, I kept a baby upon goat's milk during the first eight months of its life. The infant was three weeks old when (its natural food having then failed) I put it upon the goat's milk. This was given at first with an equal quantity of water and proved so easily digested that the dilution was rapidly reduced and the milk was given undiluted after a few weeks. The child was fed exclusively upon goat's milk for six months and a half—i.e., until it was over seven months old. Throughout this period the growth of the child was satisfactory, its general condition was very good, and it remained entirely free from those digestive troubles which so commonly plague the bottle-fed baby.

It is surprising that at this day, and in spite of the educational work carried on for so many years by the British Goat Society and others, there should be any hesitation in admitting the superiority of goat's milk over cow's milk as a food for infants. The milk is primarily more digestible because its casein forms only a flocculent curd and the infant does not suffer from the tendency to accumulation of hard cheesy masses, as with cow's milk. The goat is singularly resistant to tuberculosis, an important consideration in view of the very wide dissemination of tubercle among dairy cattle. The nourishing power of the milk of the goat is just as high as that of the milk of the cow and it is quite efficient as the sole food of an infant up to the age of from six to eight months. The sole objection to the employment of goat's milk is the difficulty and expense usually entailed in obtaining it from a reliable source at the moment when its use would be of value. It is not the case that there is any unpleasant or peculiar smell or taste attached to goat's milk, provided that the goat is kept under cleanly conditions and apart from any association with