

"THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS."

To the Editors of THE LANCET.

SIRS,—Every reader of THE LANCET must deeply sympathise with your correspondent, Mr. W. G. Dickinson, in being so rudely confronted by an opponent from a quarter where silence and dark reticence are so generally expected to reign. And this, too, at a time when Mr. Dickinson has been promulgating his views in pamphlet shape among the members of the profession. Surely, surely, Mr. Dickinson might have been allowed to agitate in peace, or I might, at the very least, have withheld my pen until the sultry days of autumn, when everyone had gone from home and the question of the constitution of the Council had been relegated to forgetfulness. Mr. Dickinson seems to doubt the veracity of the object I expressed in writing my letter, and one, therefore, wonders somewhat what manner of a gentleman it is who has assumed the part of my critic. The members of the Council I can appeal to at the meetings of that body, and why should I, therefore, address them through the press? Mr. Dickinson, however, asks me three questions, which I will, nevertheless, reply to. 1. Undoubtedly the Members are an integral part of the College, but whether they should, therefore, have same control over the policy and expenditure of the Council must be determined by a reference to the Charters. 2. Yes. 3. I became a Fellow because I considered that to be the most honourable distinction a man practising pure surgery could possess in this country. I would conclude by advising Mr. Dickinson to go and do likewise. I am, Sirs, yours obediently,

Manchester, July 6th, 1896.

JAS. HARDIE.

SUGAR AND GOUT.

To the Editors of THE LANCET.

SIRS,—The remarks of Dr. George Harley on gout in THE LANCET of July 4th are valuable as being in the direction of the case histories and experiences of the gouty. I am surprised to find a physician of experience allowing sugar and sweet champagne to one who is gouty. An intelligent and very gouty man from the country told me not long ago that he found sugar in any form eminently provocative of an attack, and his experience is by no means singular. The still Moselle wines that seem now in so much favour as drink for the gouty owe their merit mainly to their freedom from sugar. The grapes do not grow in a hot climate, and sugar therefore is not greatly developed in the juice. The gouty man who insists on whisky-and-water as being "so good for the gout" is always told on no account to add sugar, for if he does he will be making for himself a very pernicious beverage. That a good sweet champagne may suit better than some of the very dry champagnes of the present day I can understand; for though the dry wines contain but little saccharine, yet their alcoholic potency is often considerable. The typical wine for a gouty man who must have some form of alcohol should be a genuine "Bouquet" wine, of which the self-bred vinous ether exhilarates for a season and then flies off by way of the lungs, leaving nothing to upset the liver or kidneys.—I am, Sirs, yours faithfully,

Welbeck-street, W., July 7th, 1896. JOHN C. THOROWGOOD.

"SHOULD A HEALTHY MOTHER SUCKLE HER CONGENITALLY SYPHILITIC CHILD?"

To the Editors of THE LANCET.

SIRS,—With all Dr. George Ogilvie's views as to the possibility of contamination of a healthy mother or wet nurse by a congenitally syphilitic infant I am thoroughly in accord. It would, I freely grant him, be impossible to insure the freedom of the infant's mouth from specific sores and the nipples of the mother or wet nurse from excoriations throughout the whole period of lactation. All the same I strongly dissent from the line of universal practice which Dr. George Ogilvie advocates—viz., the withholding the breast from syphilitic infants on account of the possible incurrence of syphilis by a healthy mother or wet nurse. In my

Hunterian Lectures I gave evidence to prove that the contraction of syphilis from a congenital case was an extremely rare occurrence, and this, too, where the precautions enjoined by Hensch had been totally neglected. With a due regard to these precautions, impossible as it may be to thoroughly ensure them, I believe that the contraction of syphilis by mother or nurse from a tainted infant would be such a remote contingency that the chance of it might fairly be neglected in comparison with the benefits derivable by thousands of infants from being suckled instead of being hand fed. It would seem to me that Dr. Ogilvie is inclined to minimise both the advantages of suckling over hand-feeding and the difficulties attaching to the latter in general. With a large proportion of healthy children hand-feeding is confessedly unsatisfactory, and when dealing with syphilitic infants its disadvantages become markedly increased. In fact, with the impaired vitality these last possess the administration or withholding of the breast must mean for many of them the difference between survival and death. I cannot but think, moreover, that Dr. Ogilvie, along with Fournier, takes a too pessimistic view of the future of syphilitic infants that survive. A very large proportion of them, in my experience and that of many others, turn out in later life as healthy children as others who had not been handicapped with the complaint in infancy.

It is to the writings of Dr. George Ogilvie that we are mainly indebted for the proofs that there are undoubtedly exceptions to Colles' law, a fact now seemingly as freely admitted as it was formerly universally denied. Mr. Hutchinson's explanation of these extremely rare instances, that they are examples of "second infection" with syphilis, is to me an untenable one. The mothers in recorded cases presented no signs of syphilis and there was an entire absence of proof of their having incurred it prior to their contamination by their own infants. If, moreover, it be assumed that bearing a syphilitic infant is in reality the equivalent of the mother having incurred the complaint herself—an assumption I have never admitted—then such a syphilis must have been contracted some time during her pregnancy. For cases of exception to Colles' law, then, to be cases of "second infection" we must suppose it possible for a mother to be infected with two separate and distinct attacks of syphilis in the brief space of a few months. I think Mr. Hutchinson will find few to support him in the belief in such a possibility. Dr. Ogilvie's analogy between the position of a healthy mother who has borne a tainted infant with respect to syphilis and that of a thoroughly-vaccinated woman with respect to small-pox is a happy one; but, to me, he is less happy in the deductions as to practice he draws from that analogy. To wilfully expose a woman, however efficiently vaccinated, to the contagion of small-pox could serve no conceivable beneficial purpose. On the other hand, to allow a healthy mother to encounter a minimum risk of contracting syphilis by suckling her congenitally syphilitic infant is to possibly save that infant's life. The point raised by Dr. Ogilvie is an extremely important one. In opposition to Dr. Ogilvie I believe in this "conflict of interests" that most will decide in favour of the child.

I am, Sirs, yours faithfully,

Upper Berkeley-street, July 7th, 1896.

J. A. COUTTS.

"PREVENTION OF DISASTER AT SEA."

To the Editors of THE LANCET.

SIRS,—At the risk of being accused of reiteration I crave the indulgence of your columns once more, and am impressed with the necessity of this writing after the perusal of the debate in the House of Commons, where the startling yearly list of deaths in coal mines was unearthed and a consensus of opinion brought to bear for remedial legislation. The temperate, practical, and humanitarian remarks then made make one feel pleasure amidst the arid absurdities of obstructive party politics, and it is this that "points the moral" of my thoughts. Why cannot official attention be utilised for preventable loss at sea? "Until she shall give up her dead" the innumerable victims who have been sent to their watery grave by incompetent "look-out" men will not be known. Risks must be taken and dangers there always will be on the waste of waters, but precautions can greatly minimise the chances of disaster. Is it too much to ask that a competent medical adviser should be a necessary official at the Board of Trade, who would see to the eyesight as well as the hygiene of the mercantile marine?